

Agenda Item 15

Enclosure 5

Paper ETC 5/02

Shadow Health Professions Council

Education and Training Committee

**PROGRESS ON STANDARD OF PROFICIENCY
FOR REGISTRATION**

From the Secretary

FOR DISCUSSION AND DECISION

**PROGRESS REPORT ON CREATING STANDARDS OF PROFICIENCY
FOR REGISTRATION**

1. **Executive Summary**

This report describes the progress since the last meeting and recommends taking this work forward either via the Quality Assurance Agency or by a consultant.

2. Decision on 10 December 2001

At its last meeting the Committee identified preparing Standards of Proficiency for Registration (SPR) as its single most urgent task. It authorised the Secretary to explore the task in more detail.

3. Feedback from Members

3.1 The Secretary contacted those members who had helped prepare Subject Benchmarks (SB) for the relevant professions at the Quality Assurance Agency (QAA). They were asked to comment on whether SBs covered the ground needed for an SPR. They all concurred.

3.2 The Secretary also contacted the members from the three professions without SBs (Arts Therapists, Clinical Scientists, and Paramedics) to ask if equivalent work had been carried out in their professions. They all responded that it had, and data is now being received.

3.3 For the Committee's information examples of relevant off-the-shelf information are annexed. These are the Dietetics SB, the Dietitians Board Statement of Conduct, the General Chiropractic Council's SPR, and the Chartered Society of Physiotherapy's Curriculum Review.

4. Conclusion and Way Forward

4.1 All 12 professions / Parts of HPC's Register have the data needed for SPRs. None, however, are in the right format and there are significant differences in format between the professions.

4.2 The detail and volume of this work means that it could not be transacted within the Executive, but a decision at this present meeting on 13 February 2002 would allow it to be a SHPC activity falling to DoH to support financially.

4.3 It is recommended that the existing material be worked on as a once-off project either by QAA (see 4.4) or a consultant to reformat it into draft SPRs for consultation.

4.4 QAA is considering its position in terms of this work being a development of Subject Benchmarking. QAA might wish to "facilitate" this work, but charging SHPC for the costs arising. QAA would be an appropriate and expert body and the Committee is commended to work with QAA if the opportunity arises and authorise the Chairman to take any arrangements forward.



Promoting higher quality

**The Quality Assurance Agency
for Higher Education**

**Benchmark statement:
Health care programmes**

Phase 1

Dietetics

Subject benchmark statements: Health care programmes

Subject benchmark statements provide a means of describing the nature and characteristics of programmes of study and training in health care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Finally, subject benchmark statements are one of a number of external sources of information that are drawn upon for the purposes of academic review* and for making judgements about threshold standards being met. Reviewers do not use subject benchmark statements as a crude checklist for these purposes however. Rather, they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional and statutory regulatory bodies, the institution's own self evaluation documentation, together with primary data in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of standards in health care subjects is undertaken by groups of appropriate specialists drawn from higher education institutions, service providers and the professional and statutory regulatory bodies. The statements represent the first attempt to make explicit in published form the general academic characteristics and standards of awards in these subjects in the UK. In due course, the statements will be revised to reflect developments in the subjects and the experiences of institutions, academic review and others that are working with it.

* academic review in this context refers to the Agency's arrangements for external assurance of quality and standards. Further information regarding these may be found in the *Handbook for academic review*, which can be found on the Agency's web site.

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ISBN 1 85824 566 4
AR 026 6/2001

Published by
Quality Assurance Agency for Higher Education
Southgate House
Southgate Street
Gloucester GL1 1UB

Tel 01452 557000
Fax 01452 557070
Web www.qaa.ac.uk

Printed by
Frontier Print & Design Limited

The Quality Assurance Agency for Higher Education is a company limited by guarantee.

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Foreword

This benchmark statement describes the nature and standards of programmes of study in dietetics, that leads to awards made by higher education institutions in the United Kingdom (UK) in the subject.

It has been developed in collaboration with a number of other health care professions and these are listed below. Although initial work was undertaken in subject specific groups, the analysis of these early drafts identified a number of features which all the subject groups shared. It was, therefore, agreed by each of the specialist benchmark groups that their respective statements could be cast using a common structure. As work progressed it became increasingly apparent that there was considerable overlap within the details of the subject-specific statements and a common health professions framework was emerging. This emerging framework is, accordingly, displayed in each of the subject statements in order to illustrate on the one hand, the shared context upon which the education and training of health care professionals rests and, on the other, the uniquely profession-specific context within which programmes are organised. It is important to emphasise that benchmark statements are not cast in tablets of stone and will be revisited in the light of experience and further developments in health care. Moreover, we are confident that the emerging framework has the potential to embrace other health related professions such as social work, dentistry, medicine and other therapies. It is anticipated that further work in a second phase of the project could lead to an overarching health professions framework.

The initial section of this statement sets out the health professions framework under three main headings:

- A Expectations of the health professional in providing patient/client services;
- B The application of practice in securing, maintaining or improving health and well-being;
- C The knowledge, understanding and skills that underpin the education and training of health care professionals.

The main section of this statement, in addition to describing the nature and extent of programmes leading to awards in dietetics, describes the profession-specific expectations and requirements under the same three categories.

The key feature in this statement, as in the associated statements, is the explicit articulation of the academic and practitioner standards associated with the award in dietetics. This duality reflects the significance of the academic award as the route to registration for professional practice and formal recognition by the professional and statutory regulatory bodies. The threshold standards set out the expectations of health professionals entering their first post immediately on qualification.

The section on standards accords with the relevant level descriptor for awards in the qualifications frameworks published by the Quality Assurance Agency for Higher Education.

The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional competence developed through practice is adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

The statement acknowledges the need to put the prospective client/patient at the centre of the student's learning experience and to promote within that experience the importance of team-working and cross-professional collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries, particularly in the latter stages of training when inter-professional matters can be addressed most productively. It is essential that the opportunities that exist for shared learning in practice are optimised, as well as best use being made of similar opportunities that prevail more obviously in classroom-based activities.

This statement and the associated statements will therefore allow higher education institutions, in partnership with service providers (where appropriate), to make informed curriculum choices about the construction of shared learning experiences. In this context, shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships.

Finally, the statement does not set a national curriculum for programmes leading to awards in dietetics. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which higher education institutions are expected, as a minimum, to set their standards for the award.

¹ *Dietetics, Health Visiting, Midwifery, Nursing, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry (Chiropody), Prosthetics and Orthotics, Radiography, and Speech & Language Therapy.*

An emerging health professions framework

The subject specific statements for dietetics have been set within the emerging health professions framework outlined below. As indicated in the foreword, this framework developed as a result of the benchmarking work undertaken collaboratively by 11 different health professional groups. Further evolution of the framework is anticipated through a second phase of the project which will address its goodness of fit with a range of other health and social care professions benchmark statements.

A Expectations of the health professional in providing patient/client services

This section articulates the expectations of a registered professional within health and social care services. It describes what is regarded as a minimum range of expectations of a professional that will provide safe and competent practice for patients/clients in a variety of health and social care contexts.

A1 Professional autonomy and accountability

The award holder should be able to:

- maintain the standards and requirements of professional and statutory regulatory bodies;
- adhere to relevant codes of conduct;
- understand the legal and ethical responsibilities of professional practice;
- maintain the principles and practice of patient/client confidentiality;
- practise in accordance with current legislation applicable to health care professionals;
- exercise a professional duty of care to patients/clients/carers;
- recognise the obligation to maintain fitness for practice and the need for continuing professional development;
- contribute to the development and dissemination of evidence-based practice within professional contexts;
- uphold the principles and practice of clinical governance.

A2 Professional relationships

The award holder should be able to:

- participate effectively in inter-professional and multi-agency approaches to health and social care where appropriate;
- recognise professional scope of practice and make referrals where appropriate;
- work, where appropriate, with other health and social care professionals and support staff and patients/clients/carers to maximise health outcomes;
- maintain relationships with patients/clients/carers that are culturally sensitive and respect their rights and special needs.

A3 Personal and professional skills

The award holder should be able to:

- demonstrate the ability to deliver quality patient/client-centred care;
- practise in an anti-discriminatory, anti-oppressive manner;
- draw upon appropriate knowledge and skills in order to make professional judgements, recognising the limits of his/her practice;
- communicate effectively with patients/clients/carers and other relevant parties when providing care;
- assist other health care professionals, support staff and patients/clients/carers in maximising health outcomes;
- prioritise workload and manage time effectively;
- engage in self-directed learning that promotes professional development;
- practise with an appropriate degree of self-protection;
- contribute to the well-being and safety of all people in the work place.

A4 Profession and employer context

The award holder should be able to:

- show an understanding of his/her role within health and social care services;
- demonstrate an understanding of government policies for the provision of health and social care;
- take responsibility for his/her own professional development;
- recognise the value of research and other scholarly activity in relation to the development of the profession and of patient/client care.

B The application of practice in securing, maintaining or improving health and well-being

All health care professionals draw from the knowledge and understanding associated with their particular profession. This knowledge and understanding is acquired from theory and practice. It forms the basis for making professional decisions and judgements about the deployment in practice of a range of appropriate skills and behaviours, with the aim of meeting the health and social care needs both of individual clients/patients and of groups, communities and populations. These decisions and judgements are made in the context of considerable variation in the presentation, the setting and in the characteristics of the client/patient health and social care needs. They often take place against a backdrop of uncertainty and change in the structures and mechanisms of health and social care delivery.

Sound professional practice is essentially a process of problem solving. It is characterised by four major phases:

- the identification and analytical assessment of health and social care needs;
- the formulation of plans and strategies for meeting health and social care needs;
- the performance of appropriate, prioritised health promoting/health educating/caring/diagnostic/therapeutic activities;
- the critical evaluation of the impact of, or response to, these activities.

B1 Identification and assessment of health and social care needs

The award holder should be able to:

- gather relevant information from a wide range of sources including electronic data;
- adopt systematic approaches to analysing and evaluating the information collected;
- communicate effectively with the client/patient, (and his/her relatives/carers), group/community/population, about their health and social care needs;
- use a range of assessment techniques appropriate to the situation and make provisional identification of relevant determinants of health and physical, psychological, social and cultural needs/problems;
- recognise the place and contribution of his/her assessment within the total health care profile/package, through effective communication with other members of the health and social care team.

B2 Formulation of plans and strategies for meeting health and social care needs

The award holder should be able to:

- work with the client/patient, (and his/her relatives/carers), group/community/population, to consider the range of activities that are appropriate/feasible/acceptable, including the possibility of referral to other members of the health and social care team and agencies;
- plan care within the context of holistic health management and the contributions of others;
- use reasoning and problem solving skills to make judgements/decisions in prioritising actions;
- formulate specific management plans for meeting needs/problems, setting these within a timescale and taking account of finite resources;
- record professional judgements and decisions taken;
- synthesise theory and practice.

B3 Practice

The award holder should be able to:

- conduct appropriate activities skilfully and in accordance with best/evidence-based practice;
- contribute to the promotion of social inclusion;
- monitor and review the ongoing effectiveness of the planned activity;
- involve client/patient/members of group/community/population appropriately in ongoing effectiveness of plan;
- maintain records appropriately;
- educate others to enable them to influence the health behaviour of individuals and groups;
- motivate individuals or groups in order to improve awareness, learning and behaviour that contribute to healthy living;
- recognise opportunities to influence health and social policy and practices.

B4 Evaluation

The award holder should be able to:

- measure and evaluate critically the outcomes of professional activities;
- reflect on and review practice;
- participate in, audit and other quality assurance procedures;
- contribute to risk management activities.

C Knowledge, understanding and skills that underpin the education and training of health care professionals

The education and training of health care professionals draws from a range of well-established scientific disciplines that provide the underpinning knowledge and understanding for sound practice. Each health care profession will draw from these disciplines differently and to varying extents to meet the requirements of their specialty. It is this contextualisation of knowledge, understanding and skills that is characteristic of the learning in specific health care programmes. Consequently, in this introductory section, the attributes and capabilities expected of the student are expressed at a generalised level.

C1 Knowledge and understanding

The award holder should be able to demonstrate:

- understanding of the key concepts of the disciplines that underpin the education and training of all health care professionals, and detailed knowledge of some of these. The latter would include a broad understanding of:
 - the structure and function of the human body, together with a knowledge of dysfunction and pathology;
 - health and social care philosophy and policy, and its translation into ethical and evidenced based practice;
 - the relevance of the social and psychological sciences to health and healthcare;
 - the role of health care practitioners in the promotion of health and health education;
 - the legislation and professional and statutory codes of conduct that affect health and social care practice.

C2 Skills

Information gathering

The award holder should be able to demonstrate:

- an ability to gather and evaluate evidence and information from a wide range of sources;
- an ability to use methods of enquiry to collect and interpret data in order to provide information that would inform or benefit practice.

Problem solving

The award holder should be able to demonstrate:

- logical and systematic thinking;
- an ability to draw reasoned conclusions and sustainable judgements.

Communication

The award holder should be able to demonstrate:

- effective skills in communicating information, advice, instruction and professional opinion to colleagues, patients, clients, their relatives and carers; and, when necessary, to groups of colleagues or clients.

Numeracy

The award holder should be able to demonstrate:

- ability in understanding, manipulating, interpreting and presenting numerical data.

Information technology

The award holder should be able to demonstrate:

- an ability to engage with technology, particularly the effective and efficient use of information and communication technology.

Benchmark statement for dietetics

Introduction

Dietitians work with patients in critical care, acute and chronic illness in hospitals and in the community. They use dietary manipulation and food to treat disease and optimise health. They can also work at population level in health promotion and in public health nutrition.

Dietetics is based on nutritional science. It incorporates the understanding of the composition of food, the nature of nutrients and their metabolism in the body, the nutritional requirements of people through the lifecycle, the dietary effects of foods on health and the ways that food can be used to treat disease and promote health in individuals and groups. It is a broad-based subject ranging from the natural and clinical sciences through to the social sciences.

Dietitians have a singular role in the therapeutic application of nutritional science. They interpret and communicate this knowledge to groups and individuals primarily in a health care setting. Practitioners of dietetics elicit information from individual clients about dietary intake, and interpret, translate and critically evaluate information on nutritional requirements and research from the various disciplines in order to produce practical advice on food intake and advisory resources. Dietitians are required to work professionally within the complex frameworks of accountability and ethical and legal boundaries within the workplace, be that the National Health Service (NHS), private practice, industry, local government, education or research. To become a state registered dietitian students follow prescribed university courses.

Therefore, the study of dietetics encompasses these principles:

- the application of the science of nutrition to individuals and groups by translating theoretical concepts and principles into relevant and applied diet therapy and dietary modification;
- acquisition of the educational skills and qualities, which enable the practitioner to empower individuals to take control of their food choice in relation to their health;
- integration of theoretical concepts from biological, clinical, numerical and social sciences with practical application to moderate food and nutritional habits;
- ability to assess, advise and enable individuals and groups to make appropriate and safe food provision;
- development of strong interpersonal skills to enable effective communication through varying media and to a wide diversity of individuals and groups;
- maintenance and enhancement of health both through the treatment of disease by diet and the promotion of good nutrition;
- critical reflection, self-evaluation and commitment to the use of research in the evaluation and improvement of the practice of dietetics.

Nature and extent of dietetics

Dietetics is an interdisciplinary and applied subject that is concerned with the application of nutritional science for treatment of disease and the promotion of health for individuals and groups. It is concerned primarily with ensuring that individuals have the appropriate nutrients from the foods they eat. Dietetics requires the integration of a broad range of natural and social sciences so that practitioners can educate and empower individuals and groups to improve food intake to the benefit of health.

Manipulating the food selected by individuals can modify their nutrient provision and this is used either to correct a metabolic imbalance or to maintain and promote health. Dietetics is concerned with the nutrition of the individual both in health and disease at a primary level and extends through to tertiary care in acute specialised medical provision. Practitioners of dietetics use their interpersonal skills, knowledge and expertise in other arenas such as industry (especially food and pharmaceutical), primary research and development, education, local government, the media and private practice.

Dietetics has nutritional science at its core. Nutritional science investigates how the body nourishes itself and the effects of nutrient supply on the body's functions in health and disease, the effect of diet on metabolism, and the interaction of the genes with nutrients. Public health nutrition focuses on the promotion of good health through nutrition and the primary prevention of diet related illness in the population. Whereas dietetics requires an understanding of individuals and how change can be brought about to effect a therapeutic outcome. Therefore, dietetics is essentially the manipulation of diet to improve health. This requires reflective practice, systematic clinical reasoning and a problem-solving approach as well as an understanding of individual circumstances, including age, gender, socio-economic status, disease state, food habits and lifestyle, to assess nutritional status and formulate appropriate dietary advice.

The practice of dietetics in the NHS is restricted to state registered dietitians. The requirements for 'fitness to practise' and eligibility for recognition to practise is overseen by the statutory body (SB). The SB assumes responsibility for the safe practice of dietetics through a published 'Statement of Conduct' and also sets the criteria for the curriculum leading to state registration. The SB has a statutory responsibility for approving all higher education institutions (HEIs) that participate in the education of dietitians through to the hospital placement. HEIs have a shared responsibility with the SB to ensure that all graduates who enter the professional register are appropriately fit to do so, eg the university conducts enquiries with relevant authorities such as the police.

Dietetics draws mainly on nutritional science and clinical subjects, including diet therapy, underpinned by life sciences including biochemistry, physiology, immunology, microbiology, genetics, pharmacology, and food science. The pre-registration student has supporting studies in psychology, sociology, communication, education, and health promotion. The study of these subjects enables dietitians to take an integrated view of dietetics and communicate this effectively with an inter-disciplinary perspective. Epidemiology, management, food studies, catering, information technology and statistics complete the major areas of study. The development of a reflective practitioner with the potential to continue professional development is encouraged through the study of research methods, subject-specific literature, ethics and clinical education placements.

There are two pre-registration routes for dietetics which take place in HEIs. Both routes include a mandatory 28 weeks of practice in their structure. The duration of the honours degree route is four years. It is also possible for existing graduates who have a relevant degree to follow the postgraduate route over two years.

A The dietitian as a registered health care practitioner; expectations held by the profession, employers and public

A1 Professional autonomy and accountability of the dietitian

The award holder should be able to:

- maintain the standards and requirements for state registration and undertake the professional role of the dietitian;
- demonstrate awareness of the roles of the statutory and professional bodies in dietetics;
- show understanding of the Statement of Conduct and its relevance to him/her;
- demonstrate understanding of his/her commitment to the ethics and code of conduct of the profession of dietetics;
- show an understanding of the need for continuing professional development in order to maintain a credible and professional dietetic role.

A2 Professional relationships of the dietitian

The award holder should be able to:

- show awareness of the role of the dietitian in primary, secondary and tertiary healthcare settings, and other statutory agencies;
- report accurately to relevant people, including writing in medical notes and producing technical reports;
- contribute to, and encourage colleagues to initiate and participate in, enquiry into all areas of dietetic practice;
- share the findings of evaluation and research with dietitians and other professionals;
- contribute dietetic advice to a multi-disciplinary team to enhance its effectiveness;
- take account of the normative and moral positions of others to understand how human needs are felt and met with respect to food choice and its provision;
- use interpersonal skills to demonstrate respect for others.

A3 Personal and professional skills of the dietitian

The award holder should be able to:

- demonstrate confidence in delivering a quality of dietetic service at an explicit level;
- practise within the framework set out in the Statement of Conduct;
- show awareness of the limitations of his/her knowledge and experience and know how to obtain advice and guidance;
- demonstrate understanding of the need to influence and contribute to all activities that enable each individual and group to make appropriate and safe food choices;
- identify strategies that can be used to influence nutritional choices for the individual and within the community;
- show understanding of the methods used to evaluate self-performance as an individual and as part of a team;
- draw up a plan for her/his own professional development including methods for continually updating dietetic knowledge and practice;
- act as a resource in nutrition and dietetics to develop appropriate educational material and training packages;
- show awareness of his/her role and sphere of influence within the organisation, enabling effective dietetic service delivery;
- manage own time, resources and people to complete tasks effectively and meet deadlines.

A4 Profession and employer context for the practice of dietetics

The award holder should be able to:

- show understanding of the role of the dietetic service within the NHS and function of the dietetic manager, and the levels of responsibility of other dietetic colleagues in achieving the quality of service;
- show familiarity with government policies for the provision of health care as they impinge on dietetic service;
- demonstrate awareness of NHS financial business planning, tendering and contracting, quality, standards, audit and clinical governance;
- show understanding of policy issues concerned with public health nutrition in the United Kingdom (UK);
- demonstrate familiarity with the current systems for the provision of health care, education and social sciences;
- demonstrate familiarity with community services available and the relevant government legislation with respect to dietetic provision;
- show understanding of the role of the dietitian as an advisor who can influence positively the wider social, commercial and political environment for the modification of factors that influence eating behaviour, and national and local nutritional standards.

B Principles and concepts held by the profession of dietetics which are applied to secure maintenance to, or improvement in, health/well-being

B1 Patient/client assessment

The award holder should be able to:

- collect medical, nutritional (anthropometric, biochemical) social, cultural and economic personal factors and food intake details, organise and then evaluate all relevant information before initiating the most appropriate dietetic response;
- show awareness of the social and cultural factors which shape the individual's lifestyle and which may affect the interaction between client and dietitian;
- use the dietetic knowledge base to assess the information gathered quantitatively and qualitatively, eg the perceived needs of the individual or group depending on their circumstances and attitudes;
- assign priorities to the information collected to set appropriate therapeutic dietetic goals;
- record concisely and in line with established standards and the professional code of conduct all the necessary information to support the professional dietetic judgement.

B2 Application of practice of dietetics

The award holder should be able to:

- formulate practical dietetic advice and resources by interpreting, translating and critically evaluating information emanating from the various disciplines that contribute to the knowledge base of dietetics;
- translate nutritional, medical and social theory into practical dietetic advice on food, eating and drinking for individuals and groups in primary, secondary and tertiary health care;
- plan menus for healthy adults and modify these for both sick and healthy people of all age groups and different cultural groups, being aware of personal circumstances and financial constraints involved;
- integrate health education programmes into patient treatment regimes as part of the overall health care programme;
- use a detailed knowledge of current theories of human nutrition and clinical dietetics to develop strategies that supports safe practice;
- apply knowledge and appropriate skills for the promotion of nutritional health and management of disease;

Subject benchmark statement: Health care programmes

- plan, devise and review nutritional programmes for individuals and groups;
- prepare a plan for achieving an agreed goal, taking into consideration the contribution of the family, health professionals and other agencies, eg school meals and social services;
- set a timescale to review the achievements for individuals and groups and re-assess priorities as a result of the review;
- apply knowledge of sociology and psychology to support and motivate individuals to change their food behaviour;
- undertake educational activities that enable others to influence the dietary behaviour of individuals and groups;
- use educational and communication skills, together with knowledge of all factors which affect food choice, to give nutritional and dietary advice to individuals and groups.

B3 Evaluation of dietetic practice

The award holder should be able to:

- monitor and evaluate the effects of dietary treatment and nutritional interventions;
- undertake a simple audit, interpret the outcome and relate to the practice of dietetics;
- use research from the relevant disciplines as an evaluation skill in day to day work for the advancement of professional knowledge and practice;
- evaluate dietetic practice continually;
- evaluate dietetic interventions within the total care package (case history);
- reflect on dietetic experiences and demonstrate reflection in action;
- apply dietetic knowledge in a way so as not to endanger the health or safety of an individual or group;
- use nutrition and dietetic research findings to support evidence-based practice in dietetics.

C Subject knowledge, understanding and associated skills that are essential to underpin informed safe and effective practice of dietetics

The award holder should be able to demonstrate:

- C1 A systematic understanding of the key aspects of the range of disciplines underpinning dietetics and a detailed knowledge of some aspects including:

Biochemistry

Knowledge of the chemistry of living processes, the constituents of foods, and have had an introduction to clinical biochemistry. He/she will have a basic understanding of cellular and molecular sciences. He/she will know about the integrated nature of biochemistry, physiology and nutrition. This is needed so that the award holder can understand the cellular and molecular basis of disease, the metabolic complications that occur in common clinical conditions including diabetes, obesity and hyperlipidaemia, the basis for the classification of enzymes, co-factors and inhibitors, the major metabolic pathways and the involvement of nutrients and other food constituents in body chemistry.

Catering/food science/food skills

Knowledge of the procedure for safe handling and preparation of food and familiarity with related legislation. He/she must understand the principles of catering management in the NHS, be aware of the financial constraints involved in menu planning, the differing methods of food service, and the nutritional standards for catering services and how they are developed, implemented and monitored. He/she must have an appreciation of food labelling regulations and legislation, the types and uses of food additives, and the methods of food preservation. He/she must know how the nutrient content of food is altered by food production methods.

He/she must be aware of the wide range of commonly consumed foods, including convenience foods and their nutrient contents, and the suitability of a wide range of foods for inclusion in modified diets. He/she must be able to describe the range and relative cost of nutrient-modified foods available to the general public.

Clinical medicine

A sound medical background, particularly where diet is a significant part of treatment, including an understanding of medical terminology. He/she must understand the major disease processes and the difference between aetiology and risk factors. He/she should appreciate the different methods of disease classification and their uses with the major diseases. He/she should understand the ways in which patients are investigated to achieve a diagnosis and common types of therapy and patient management.

Dietetics

An understanding of the role of the profession in the treatment of those disorders which can be treated by the manipulation of food intake. He/she needs to have knowledge of a wide range of foods, including functional foods, their nutrient profile and possible use. He/she must know the rationale behind the modification of the food and nutrient intake and how these modifications can be applied to the treatment and/or prevention of diseases. This includes knowledge of the most appropriate route for ensuring safe, cost effective and adequate nutrient provision. He/she must know the range and use of foods including those that can be classified as drugs and prescribable products used in artificial feeding. He/she must know how to assess dietary intake, calculate the relevant nutrients and interpret the results to provide an optimum and practicable diet to meet an individual's clinical profile. He/she should know the limitations of the data used to estimate nutrient intake and nutrient requirements.

He/she must know how to modify the diet for individuals with differing food habits, cultural backgrounds and social and economic circumstances, using all available data. He/she must know the nutrient content of food so that the food in the diet can be manipulated to achieve a specified nutrient profile that recognises the nutritional bioavailability of the diet and meets the nutritional requirements of the individual. He/she must know the ways in which dietary modifications can be used for diagnosis and research. He/she must demonstrate knowledge of the dangers of dietary manipulation and how to manage the consequences to the individual.

Health promotion/education

An insight into broad health promotion and public health strategies designed to promote behavioural change.

Management

A general knowledge of the principles of management within organisations, with particular emphasis on the NHS. He/she must understand the professional role of the dietitian, the maintenance of standards and the requirements for state registration.

Microbiology

Knowledge of the key elements of microbiology applied to human disease, food science and food preparation. He/she must know specialist areas of medical microbiology with reference to the transmission of disease-producing organisms. He/she must have an understanding of clinical microbiology appropriate to dietetic practice, the micro-organisms most commonly associated with infection of all groups of the population and how to minimise the spread of infection. He/she must be aware of the means by which food spoilage can occur and strategies for prevention of food-borne disease.

Nutrition

Knowledge of the principles of nutrition and human nutritional requirements. He/she must know the fundamental mechanisms through which nutrition contributes to the maintenance of good health, and what methods are available to monitor nutritional intake and their limitations. He/she must have an understanding of the impact of nutrients on cellular mechanisms, including gene expression, and the contribution to diet-related disease and its management. He/she should be familiar with the British diet,

including sub-group differences such as region, ethnic origin and social class. He/she should have an understanding of the factors that determine food choice through the life cycle and the interaction of diet and other environmental factors in the development of disease.

Pharmacology/immunology/genetics

An understanding of clinical pharmacology to provide knowledge of the basis of drug/nutrient interactions, the use of nutrients as pharmacological agents and the use of drug therapy in relevant diseases. He/she must know the names, functions and contra-indications of drugs used in the treatment of diseases where the dietitian is usually a key member of the clinical team. He/she must have an understanding of immunology appropriate to dietetic practice. Awareness of the interactions of genetics and individual variation in nutritional requirements.

Physiology

Knowledge of the functions of the human body in health, including those aspects that are particularly relevant to the study of nutrition and dietetics such as the functioning of the visceral organs, endocrine system and cardiovascular system. He/she must have an awareness of the normal structure of the human body down to the cellular level. The knowledge of the physiology of systems of the human body in health facilitates the establishment of the specialised knowledge of the disease process.

Psychology

Knowledge of human behaviour, including the effects of personality, group dynamics and aspects of counselling. He/she must know the relative contributions of biological, psychological and social determinants of health. He/she must have an awareness of the psychological background to health behaviour and the patient-client relationship with particular reference to models of health beliefs. He/she must understand the psychological dimensions of hunger, satiety and food choice and be familiar with the psychological aspects of eating normally and eating disorders. He/she must understand the theories of motivation and behaviour change and know of a variety of helping strategies including counselling. He/she must be aware of basic educational theories relating to patient learning and the range of visual aids available.

Methods of enquiry

Understanding of the principles of scientific enquiry, the need for dietitians to be involved in research and evaluation of practice. He/she must demonstrate understanding of the principles of evidence-based practice, audit and evaluation of practice as applied to dietetics. He/she must demonstrate understanding of the terms used in epidemiology and how descriptive and analytical epidemiological studies can be used to examine the relationship between dietary intake and disease. He/she must show familiarity with the demographic, social and economic aspects of life in Britain, particularly those that impinge on health.

Sociology, social policy and administration

Knowledge of social problems, social policy and the availability of community services. He/she should know the role of food and eating in a social context, and the sociology of health and illness. He/she should be familiar with different systems of social organisation. He/she must understand the concepts of status, roles, social networks and social mobility relating particularly to health and healthcare, the concept of socialisation and its application to the various stages in the life cycle. He/she must be aware of classification systems and use of social class in relation to health and patterns of related behaviour, and inequalities of health.

C2 Skills

A capacity for self reflection on the extent and limitations of:

- the professional role of the dietitian, the maintenance of standards and the requirements for state registration;
- monitoring and evaluating the effects of dietary treatment. He/she must know the theory and rationale for reflective practice as a mechanism for maintaining and improving his/her professional practice;
- reflection on action and reflection in action and demonstrate his/her understanding of how these two processes can advance his/her professional practice.

An ability to gather and evaluate evidence and information from a wide range of sources and draw reasoned conclusions or reach sustainable judgements with particular regard to:

- knowledge of the economic, political, social and psychological aspects of nutrition and health promotion initiatives;
- an awareness of world nutrition problems;
- understanding of the principles of biochemistry and integration of knowledge acquired in physiology and nutrition with biochemistry;
- the ways in which dietary modifications can be used in diagnosis and research;
- critical appraisal of techniques used to assess the nutritional status of individuals such as anthropometry, biochemical tests, haematology, and clinical chemistry.

An ability to identify, investigate, analyse and formulate solutions to problems, including a capacity to draw on established analytical techniques where appropriate and particularly to:

- assimilate and assess critically new concepts; and initiate and promote changes in practice;
- know how to undertake a practical project of some substance, demonstrating a critical approach to research and involving some original thought.

An expertise in an appropriate range of skills and procedures essential for the practice of dietetics including:

- the rationale behind the modification of nutrient intake and how these modifications can be applied in the prevention and/or treatment of disease;
- how and why the intake of specific nutrients must be modified in the treatment of named diseases and be able to give practical advice to clients from differing social and economic backgrounds to achieve the required modification;
- the ways of fortifying/modifying diets;
- knowledge of the types of nutritional products which are prescribable, and when and how to use them;
- familiarity with objective setting in the delivery of a care plan for patient management;
- knowing how to evaluate and interpret relevant biochemical and medical data;
- awareness of, and the ability to prepare, both standard recipes and recipes modified with those products specifically for use in therapeutic diets, eg gluten-free flour;
- a thorough understanding of the methods of achieving optimal nutritional status in all disease states;
- knowledge of what intervention a patient requires to follow a healthy eating regime taking into consideration financial and other constraints;
- understanding of the origins, changes and current eating patterns of different sectors of the population.

An ability to collect and interpret data to provide qualitative information, particularly to:

- understand the theoretical and practical basis for the use of biochemical tests in the detection and management of disease states of patients;
- be aware of ways in which dietary modifications can be used in diagnosis and research;
- understand basic statistical techniques used in nutrition and dietetics.

The range of communication skills and other interpersonal skills necessary for effective performance including:

- knowledge of some elements of educational and learning theories including health promotion strategies;
- knowledge of formal and informal methods of communication;
- awareness of the different methods and styles of communication that are used when interacting with other health care personnel, catering staff and clients, and appropriate one to one communication with colleagues and the general public;
- use of communication skills to establish working relationships and develop strategies for coping with pressure;
- the ability to identify the barriers to communication and ways in which these may be overcome;

Subject benchmark statement: Health care programmes

- knowledge of what factors must be considered to work successfully with colleagues to prepare and present a talk on a given topic;
- ability to choose the most appropriate methods of communication for a given situation.

Confidence in engaging with technology in the pursuit of effective dietetic practice including:

- a working knowledge of the methods commonly used in nutrition research and the ability to evaluate research papers critically;
- ability to use basic packages for word processing and statistical analysis, and understand how to set up databases and spreadsheets;
- demonstration of appropriate IT skills to communicate with colleagues (eg electronic mail) and search for information;
- competence in using a nutritional analysis programme to analyse food intake records/recipes.

Teaching, learning and assessment

Decisions about the strategies and methods for teaching, learning and assessment are for institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to promulgate any one, or combination of, approaches over others. However, this benchmark statement promotes an integrative approach to the application of theory and practice. It underlines the significance attached to the design of learning opportunities that facilitate the acquisition of professional capabilities and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard. Fundamental to the basis upon which students are prepared for their professional career, is the provision of programmes of academic study and practice-based learning which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

Academic and practitioner standards

The standard expected of the threshold graduate is outlined below. 'Threshold' is taken to mean that standard of achievement demonstrated at the end of the educational experience, at the point of registration (ie at the bottom of the third class honours or minimum pass level of a postgraduate diploma). The applied nature of dietetics means that students must demonstrate capability in both the academic and the practical experience at the threshold level. Achievement of this standard will meet the statutory requirements handed down by the statutory body.

A Working as a professional in dietetics

The award holder should be able to:

- recognise the potential and limitations of dietetics as a practice-based discipline within the legal and ethical boundaries laid out by the Statement of Conduct;
- integrate his/her understanding of ethical issues and Statement of Conduct with his/her own dietetic interventions in specific situations;
- demonstrate his/her capacity to update continuously his/her knowledge and practice in response to changing circumstances and nutritional knowledge;
- exercise substantial autonomy in most of the professional activities associated with dietetics: these will cover processes such as assessment, planning, execution and evaluation of safe dietary intervention;
- guide and direct the work of others and be responsible for the proper use of resources;
- work effectively as a reflective practitioner in exercising judgements based on awareness of key issues in dietetics;
- as a reflective practitioner accept responsibility, in a peer relationship and with some guidance, for determining and achieving personal and group outcomes;
- demonstrate appropriate knowledge of the workplace within the dietetic practice context;
- demonstrate an understanding of the organisation of health promotion and health education, with a critical understanding of the role and the theoretical foundation of dietary interventions in public health;
- recognise the importance of undertaking research and scholarly activity and be able to make a contribution to the evolving knowledge base of the profession of dietetics.

B Application of principles and concepts

The award holder should be able to:

- select and use appropriate dietetic, nutritional analysis and assessment techniques within his/her practice;
- evaluate social, cultural, financial and personal factors together with medical and nutritional information to reach a justified and reasoned response to a dietetic problem;
- devise a dietetic intervention for a range of therapeutic cases, and in accord with established dietetic standards, some of which will be at the forefront of the discipline area;
- demonstrate a capability to advise, with a high level of autonomy and communication skills, individuals or their carers about food choice which will be clinically effective;
- effect a change in food choice or nutritional intake which can be recorded and monitored in a manner appropriate to safe dietetic practice;
- critically evaluate new concepts, arguments and evidence from a range of current theories and research from relevant disciplines and use these to analyse novel problems in dietetic practice;
- show creativity when solving problems, often undertaken with senior colleagues or in peer groups, where evaluations are based on limited information and data;
- communicate effectively with peers and senior colleagues, including those who have particular expertise in the area;
- show awareness of limitations and a capacity to draw on advice to improve personal performance and interactions with others.

C Subject knowledge and understanding

The award holder should be able to:

- show systematic and integrated understanding of the key areas of study as specified in C;
- draw evidence from a range of sources specified in C to solve problems and plan strategies for dietetic intervention;
- draw on his/her knowledge of investigative methods, introduced in C, to critically evaluate published materials in nutrition and dietetics and related fields;
- communicate information, ideas, problems and solutions on diet and health in a variety of formats appropriate to specialist and non-specialists groups and individuals;
- exercise judgement based on awareness of key issues in dietetics and show responsibility for achieving personal and group outcomes;
- show confidence in using technology to analyse nutrient content of diets, undertake investigative work and deliver nutrition and dietetic health education;
- describe the limitations of nutritional assessment tools and recommended dietary allowances.

Appendix 1

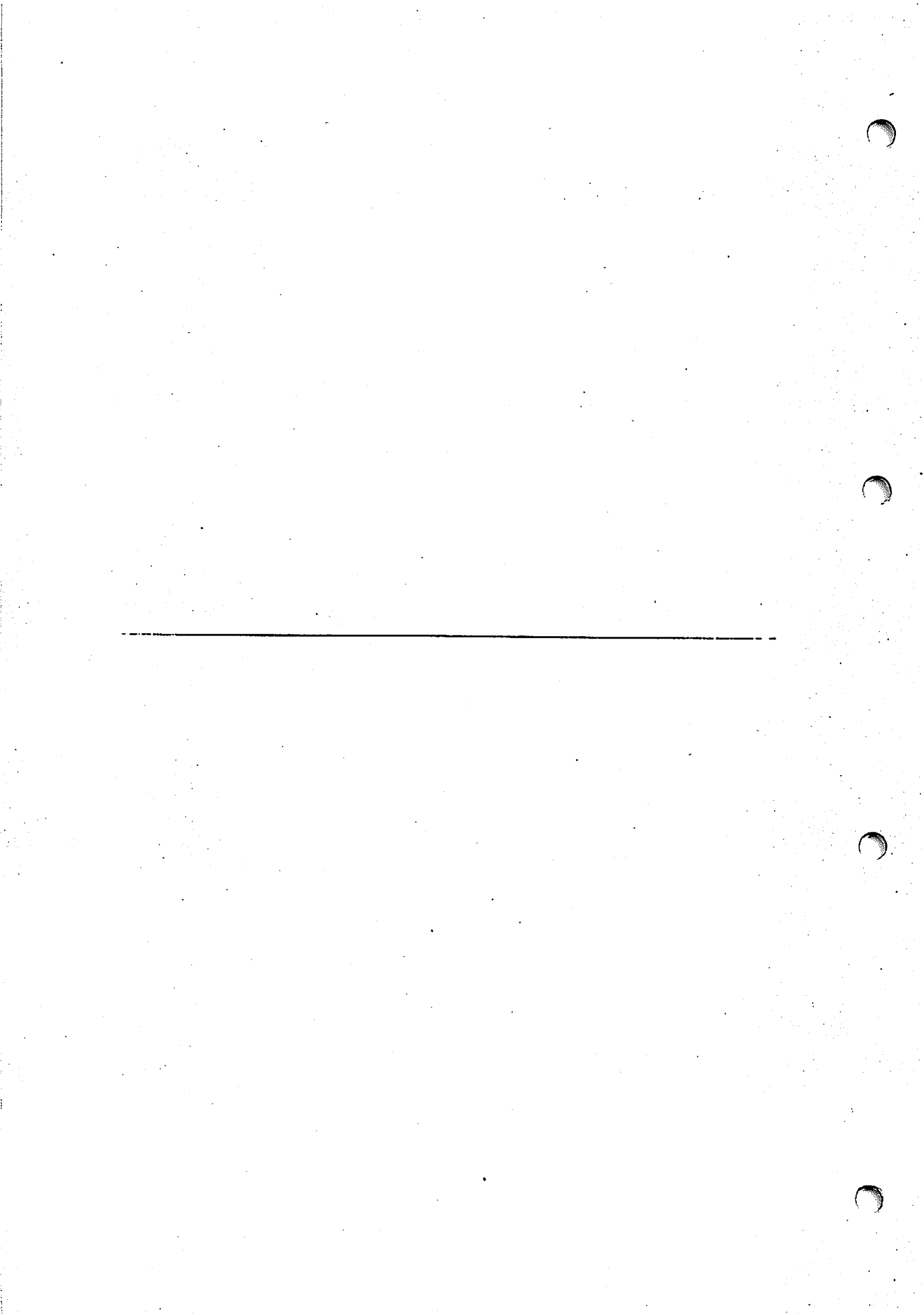
Dietetics benchmark group membership

Mrs Linda Auty	Leeds Metropolitan University
Dr Jill Eaton-Evans	University of Ulster
Miss Norma Lauder	Doncaster and Bassetlaw Hospitals NHS Trust
Professor Anne de Looy (facilitator)	Queen Margaret University College, Edinburgh
Miss Gill Pearson	West Herts Hospitals NHS Trust
Professor Brian Ratcliffe	The Robert Gordon University, Aberdeen
Dr Caroline Seddon	University of Luton

Appendix 2

Benchmark steering group membership

Mrs Margaret Andrews	North East Wales Institute of Higher Education
Mr David Ashcroft	Society of Chiropractors & Podiatrists
Mrs Linda Auty	Leeds Metropolitan University
Miss Lesley Barrowman	National Board for Nursing, Midwifery & Health Visiting for Northern Ireland
Mrs Valerie Beale	Somerset Health Authority
Ms Mary Boyle	National Board for Nursing, Midwifery & Health Visiting for Scotland
Mrs Ann Clarke	Bedford Hospital NHS Trust
Ms Helen Davis	Royal Hallamshire Hospital, Sheffield
Professor Anne de Looy	Queen Margaret University College, Edinburgh
Miss Faye Doris	University of Plymouth
Mr Martin Duckworth	College of St Mark & St John, Plymouth
Mr Brian Ellis	Queen Margaret University College, Edinburgh
Miss Anne Fagan (deceased)	Hospital of St John & St Elizabeth, London
Mrs Janice Gosby	UK Central Council for Nursing, Midwifery & Health Visiting
Ms Valerie Hall	University of Brighton
Mrs Julia Henderson	University of Hertfordshire
Ms Anne Hopkins	University of Wales Swansea
Mr Stephen Hutchins	University of Salford
Mr Tom Langlands	English National Board for Nursing, Midwifery and Health Visiting
Ms June Leishman	University of Abertay, Dundee
Professor Jeffrey Lucas	University of Bradford
Professor Dame Jill Macleod-Clark (co-chair)	University of Southampton
Ms Diane Marks-Maran	Thames Valley University
Mrs Susan Montague	University of Hertfordshire
Mrs Christine Mullen	South Manchester University Hospital NHS Trust
Mr Luke O'Byrne	East Berkshire NHS Trust
Mrs Audrey Paterson	Canterbury Christ Church University College
Ms Robyn Phillips	Welsh National Board for Nursing, Midwifery & Health Visiting
Professor Mike Pittilo (co-chair)	Kingston University & St George's Medical Hospital
Ms Lorna Povey	Wolverhampton Health Care NHS Trust
Mrs Jarina Rashid-Porter	Coventry Healthcare NHS Trust
Mr Gwilym Roberts	College of Occupational Therapists
Ms Jenny Routledge	University of East Anglia
Mr Ian Rutherford	University of Nottingham
Mrs Sandra Sexton	University of Strathclyde
Ms Gail Stephenson	University of Liverpool
Professor Averil Stewart	Queen Margaret University College, Edinburgh
Professor Mary Watkins	University of Plymouth



General Chiropractic Council
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for the Competent and Safe Practice of Chiropractic

SECTION 1: THE ROLE OF A STANDARD OF PROFICIENCY IN CHIROPRACTIC

1.1 Scope of Chiropractic not defined

Chiropractic is an independent primary health care profession. In common with other such professions, the law does not attempt to define precisely what is the scope of chiropractic, and it is not the purpose of this document to do so.

1.2 Requirement to issue a Statement of Standard

Section 13(1) of the Chiropractors Act 1994 requires the General Chiropractic Council (GCC) to 'determine the standard of proficiency, which in its opinion, is required for the competent and safe practice of chiropractic'. Section 13(2) requires the GCC to publish a statement of that standard. This document constitutes the published statement. It sets out the standard of proficiency that the GCC expects all registered chiropractors to reach. This will result in patients expecting registered chiropractors to be capable of operating to the standard prescribed.

1.3 Other documents issued by the GCC

This document does not deal with issues that are addressed in the Code of Practice, Indicative Syllabuses and other documents issued by the GCC relating to the professional conduct and training of registered chiropractors. These documents are complementary, and practitioners must be familiar with them.

1.4 Current practice as basis for Standard

The fundamental basis for the Standard of Proficiency is the principle that every registered chiropractor must at all times adopt the current sound practice of a reasonable practitioner.

1.5 Effect of achievement of the Standard

Achievement of the requirements set out in this document will deliver a standard that will protect the patient from harm and engender a climate for securing real benefit. The resulting management of the patient should have a holistic approach, include the promotion of a healthy lifestyle, the

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prevention and attenuation of recurrence of disease, and the consideration of long-term management issues.

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SECTION 2: THE PRINCIPAL ASPECTS OF PROFICIENT PRACTICE

2.1 Safety generally

The principal aspects of proficient practice are set out in the following sections. Safety is included within each section where appropriate as flowing directly from the practice of chiropractic, but the knowledge of and compliance with associated statutory requirements such as Health & Safety Regulations are clearly an integral part of competent practice in any workplace at which patients are treated. These requirements stand on their own and are not therefore detailed here.

2.2 Current practice sets limits

Chiropractors must know their own limitations to the same extent as other regulated health professionals. It is not appropriate to restrict the clinical freedom of chiropractors to select the procedures that in their judgement are best for the patient and most suited to their skills and experience. Nevertheless there must be boundaries, and these will be set by what is the current sound practice of a reasonable chiropractor.

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SECTION 3: PROFESSIONAL OBLIGATIONS

3.1 Ethical obligations

The ethical obligations with regard to patients' rights, dignity, privacy and confidentiality must be observed, as outlined in the Code of Practice. In the event of inconsistency between this Statement and the Code of Practice, the Code of Practice prevails.

3.2 Audit & Continuing Professional Development

In order to conform to the required standard chiropractors must be prepared to conduct clinical audit, and throughout a practising life to undertake Continuing Professional Development whether or not this is specifically required by rules made under section 17 of the Act.

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SECTION 4: CLINICAL ASSESSMENT

4.1 Clinical Assessment - overview

The clinical assessment must be structured so as to support and lead to an evaluation of the health status of patients, including their psychosocial health. This is to enable a decision to be made as to the prospects for benefit (or otherwise) of treatment. It should also identify contra-indications to treatment as well as patients who would be better served by another discipline.

4.2 Record keeping

Records should be legible, attributable and kept together with any clinical correspondence relevant to the case. They should contain the case history (see below), an accurate record of attendance, treatments, advice, observations and where appropriate, a record of consent.

4.3 Requirement for and role of the case history

A chiropractor shall make written records of the case history with details of any examination, treatment or advice before the conclusion of the consultation. The case history plays a critical role in patient assessment. It should be sufficient to identify any patient who may be at risk; indicate the need for any further examination or investigation; and, with regard to every presenting complaint, allow for the evaluation of its natural history, prognosis and the prospects for preventing recurrences and limiting chronicity.

4.4 Interviews

One of the principal means of ascertaining a patient's case history is by way of interview. Patient interviews should be part of an assessment before treatment. They may be necessary in the course of treatment and are likely to be required for the purpose of giving a specialist opinion. A chiropractor should be able, at all of these stages, to determine how far to proceed with the assessment, and whether or not to refer the patient to another health professional.

4.5 Physical examination

4.5.1 *Initial examination*

For the purpose of the physical examination a chiropractor is required to operate to a standard of proficiency which establishes the nature of the patient's presenting complaints together with any contra-indications and warning signs as well as the natural history and prognosis of the condition. The physical examination should elicit both positive and

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negative clinical findings and assist in the establishment of a management or treatment plan. All procedures used or requested in the examination of a patient should be recorded in the patient's case notes, as should the chiropractor's assessment of the presenting complaint and the initial management or treatment plan. In carrying out any physical examination a chiropractor must comply with section 7.3.

4.5.2 Examination in the course of treatment

The objectives of an examination during the course of treatment include enabling a chiropractor to:

- (1) determine whether to continue, modify or conclude treatment;
- (2) evaluate the perceived benefit of treatment to the patient; and
- (3) determine whether to modify the original prognosis in the light of treatment outcomes.

In conducting such an examination a chiropractor is required to take all reasonable action to secure that these objectives are achieved.

4.6 Diagnosis or clinical impression

A chiropractor must formulate a working diagnosis or clinical impression, and document it in terms that are comprehensible both to chiropractors, and to other health professionals, expressed rationally and related clearly to the evidence from the clinical assessment. It follows that this information should form a fundamental component of the patient's record. The diagnosis or clinical impression should be reviewed and reassessed in the light of progress with treatment, and the natural history of the condition.

4.7 Further Investigations

4.7.1 *Diagnostic imaging*

Any use of diagnostic imaging must comply with UK legislation on ionising radiation as current from time to time (The Ionising Radiation Regulations 1985 and The Ionising Radiation [Protection of Persons Undergoing Medical Examination or Treatment] Regulations 1988 or any enactment amending or replacing those regulations) and also take into account any nationally recognised guidelines. Under no circumstances should x-rays or other imaging techniques involving radiation or other risk be carried out unless they affect the management of the patient. The lowest x-ray dose consistent with achieving the information required must be used.

4.7.2 *Laboratory Testing*

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A chiropractor shall determine when laboratory testing is necessary for the further evaluation of the patient. If laboratory tests are indicated then a decision whether or not to refer should be made. A chiropractor who wishes to carry out laboratory tests must be sufficiently qualified and experienced to do this. A chiropractor who wishes to use services provided by a laboratory is responsible for ensuring that the test is appropriate and must be competent to interpret the findings. The chiropractor must also be familiar with the degree of accuracy of the particular test, what the normal values are and what other indications should be considered in the light of the results.

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SECTION 5: TREATMENT

5.1 Appropriate treatment

A chiropractor must be competent to select the appropriate treatment for the individual patient and be proficient in its delivery. A chiropractor should be competent to recognise the risks or contra-indications associated with any treatments. A chiropractor should also know and understand the theories underlying such treatments.

5.2 Preliminary considerations

The decision to embark on the treatment of a patient requires that a chiropractor should first determine whether it is safe to proceed with treatment in the light of any or all of the following considerations:

- (1) whether tissues are able to withstand a given manual procedure;
- (2) whether mechanical disorders are of a type in which mechanical integrity has been breached (e.g. a fracture);
- (3) whether there is credible evidence of an underlying disease process or concurrent condition;— —
- (4) whether the short-term outcome or clinical course is likely to be affected adversely by treatment.

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SECTION 6: ADVICE

6.1 Nature of advice

A chiropractor must be sufficiently competent to give the correct advice in relation to the following matters:

- (1) supporting and enhancing the effects of treatment;
- (2) minimising the likelihood of recurrence of the original complaint;
- (3) minimising the need for further treatment;
- (4) increasing patients' control over their environment;
- (5) promoting a healthy lifestyle;
- (6) dealing promptly and fairly with patients' concerns and grievances;
- (7) seeking a second opinion.

In giving advice the chiropractor should endeavour to optimise the patient's prospects for returning to normal activities and to avoid treatment dependence. In formulating such advice, a chiropractor must use language and terminology that is readily comprehensible to the patient, ensure that the patient is told of any substantial risk involved in particular treatments or activity and that the chiropractor answers any questions truthfully and as fully as the questioner requires. Care must be taken to ensure that the advice relates to activities commonly performed by the patient.

6.2 Cessation of prescribed treatment

A chiropractor shall not advise the cessation of any treatment prescribed by another health professional where such cessation might endanger the health of the patient or adversely affect the management of the case.

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SECTION 7: COMMUNICATION

7.1 The scope of communication

Proficiency requires that a chiropractor should have the *ability* to communicate clearly with patients, colleagues, general practitioners and other health professionals. The need for clear communications extends also to the giving of a specialist opinion.

7.2. Communication with patients

A chiropractor must report the findings and treatment plan clearly to patients, and must also explain how best to prevent the recurrence of problems. It is important that the patient is informed and involved in these issues as far as possible.

7.3 Consent and chaperons

Before the commencement of any assessment, examination or treatment, prior consent on or on behalf of the patient must be obtained as required by paragraph 1.8. of the Code of Practice. A chiropractor must recognise when it is appropriate for a third party to be present and obtain the patient's consent to the presence of the person proposed. It is essential that a chiropractor should have sufficient ability to determine whether the patient has consented to any procedures. Consents should be recorded as appropriate and documented whenever required by the Code of Practice.

7.4 Communication with other chiropractors, general medical practitioners and other health professionals.

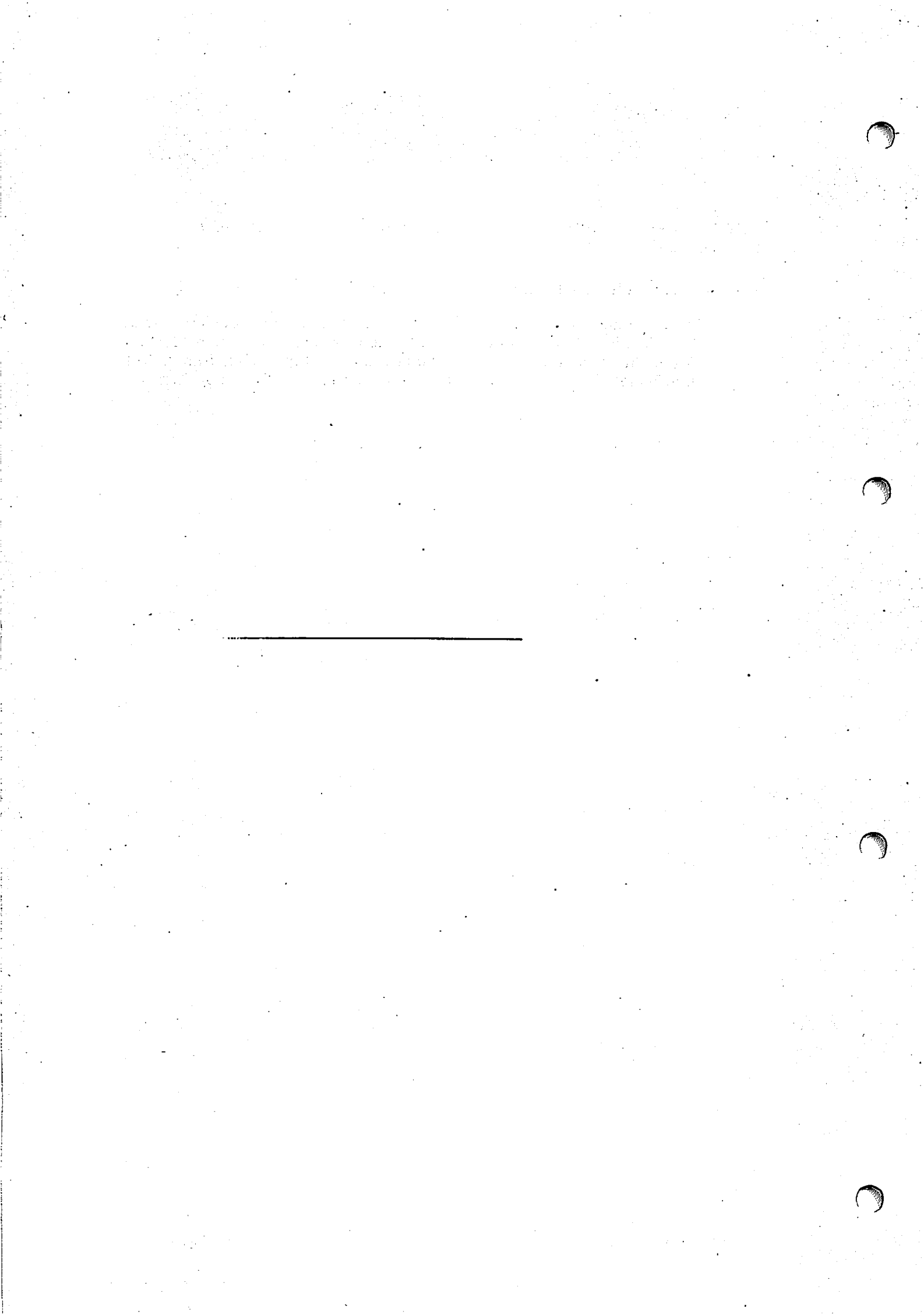
A chiropractor must be able to communicate with clinical colleagues in such a way as to enable them to participate in patient management if required. A chiropractor must use terminology suitable to the knowledge and background of these colleagues, particularly in terms of assessment, treatment, advice, natural history and likely prognosis. A chiropractor referring a patient to a colleague or to another health professional should take all necessary steps to supply information from the case history and assessment or diagnostic findings in such a way as to minimise the need for unnecessary testing or repetition of procedures. Post-referral communication between referring and receiving practitioners should be complete and adequately detailed. Appropriate records and clinical findings should be exchanged.

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**SECTION 8: REVISION OF THE STANDARD & FURTHER
GUIDANCE**

8.1 Powers of the GCC to revise, amend or withdraw Standards

The GCC may from time to time revise the Standard of Proficiency as set out in Section 13 of the Act, subject to the provisions of Section 13(3) and 13 (4). In order to assist chiropractors, the GCC may also, from time to time, issue Guidance Notes on matters of current interest or concern.

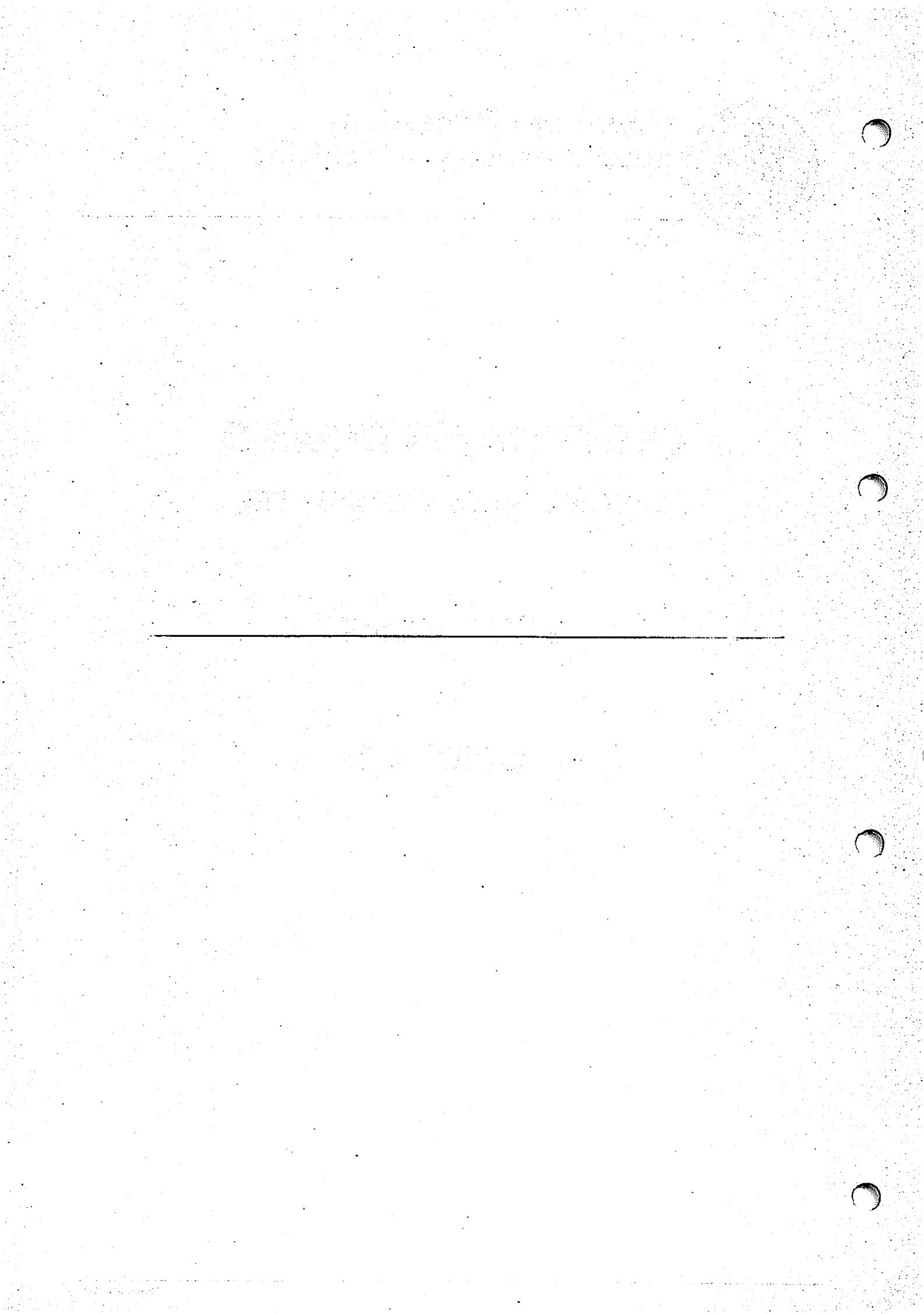




**Council *for* Professions
Supplementary to Medicine**

**DIETITIANS BOARD
DISCIPLINARY COMMITTEE**

**STATEMENT
OF
CONDUCT**



INFAMOUS CONDUCT

Introduction

The Statement of Conduct applies to all State Registered Dietitians

1. The Statement of Conduct is issued by the Disciplinary Committee in consultation with the Dietitians Board and the Council for Professions Supplementary to Medicine as required by the Professions Supplementary to Medicine Act 1960. It gives every State Registered Dietitian an indication of the kind of conduct which the Committee considers to be "infamous conduct in a professional respect", that is misconduct serious enough to bring the profession into disrepute and, consequently, render the registrant unfit to remain registered.

Providing a good standard of practice and care

2. Registrants must discharge their duties and responsibilities in a professional, ethical and moral manner. Patients/clients are entitled to receive good and safe standards of practice and care. The Statement of Conduct is intended to protect the patient/client and the public in general from unprofessional and unethical behaviour by ensuring that such standards are maintained by registrants. These standards are required primarily for the protection of the public. The Statement of Conduct, therefore, imposes additional responsibilities on registrants to those required of the ordinary citizen and is designed to establish the probity and competence of the profession in the eyes of the public.

Interpreting the Statement of Conduct

3. Registrants are required to be familiar with the Statement of Conduct and must ensure that they apply it in their practice as Dietitians. The Disciplinary Committee will use the Statement of Conduct when it considers cases where a registrant has been accused of infamous conduct. The Disciplinary Committee may also take into account any published code of ethical conduct produced by the British Dietetic Association.

It is the registrant's prime duty in all circumstances to have proper regard to the patient's/client's welfare

4. The Disciplinary Committee wishes to emphasise that, whilst the Statement of Conduct contains a number of specific instances, it is impossible to compile a complete list of conduct which may at some time be regarded by the Committee as infamous. The Disciplinary Committee may judge a person to be guilty of infamous conduct even though the matter in question is not explicitly mentioned in the Statement of Conduct. The Disciplinary Committee wishes to emphasise that, whatever is contained in the Statement of Conduct, every case referred to it will be considered on its merits and in the light of the registrant's duty to have proper concern for the welfare of a patient/client so that the health or safety of the patient/client is not endangered.¹

¹ *The question of the relationship between the requirements of the Statement and action taken in an industrial dispute has been raised on a number of occasions. It would not be proper for the Disciplinary Committee to be involved in the merits of any industrial dispute concerning registrants and their employers. The participation by registrants in industrial action would not be regarded as within the Statement of Conduct which is only concerned with infamous conduct in a professional respect. The Disciplinary Committee will consider any allegation referred to it irrespective of whether or not the conduct complained of has arisen in the course of industrial action or in any other circumstances.*

As a part of this registrants must take all reasonable steps to ensure that they can communicate properly and effectively with patients/clients and professional colleagues.

Criminal Offences and Police Cautions

5. The Disciplinary Committee may, if it thinks appropriate, remove from the Register the name of a registrant who has been convicted by any court in the United Kingdom of a criminal offence or accepts a formal police caution which the Disciplinary Committee decides renders her or him unfit to be registered. It may do so where it is satisfied that the name of such a person has been fraudulently registered.

Enquiries

6. If there is uncertainty or dispute as to the interpretation or application of the Statement of Conduct, enquiries must be referred in the first instance to the Registrar, The Dietitians Board, CPSM, Park House, 184 Kennington Park Road, London SE11 4BU.
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STATEMENT

With these considerations in mind, the Disciplinary Committee wishes to bring to the notice of all State Registered Dietitians that, in its view, failure to observe the requirements set out below would be the kind of conduct which it considers to be infamous conduct in a professional respect.

A. A State Registered Dietitian must not:

1. by any act or omission do anything or cause anything to be done which she or he has reasonable grounds for believing is likely either to endanger or affect adversely in a substantial way the health and safety of a patient/client or patients/clients.
2. a) give an individual therapeutic advice without having available at the time that individual's diagnosis(es) and informing the relevant registered medical or dental practitioner of the dietary advice given as soon as is practicable.

The individual's diagnosis(es) must be obtained from:-

- an appropriate registered medical or dental practitioner;
- or
- a member of the appropriate health care team previously agreed between the dietitian and the relevant medical or dental practitioner;
- or
- the individual him/herself;
- or
- a responsible adult accompanying the individual.

When the diagnosis(es) is obtained from the individual or an accompanying adult, its confirmation must be sought from the appropriate registered medical or dental practitioner, with repeated approaches until successful. During any unreasonable delay in confirming the diagnosis(es) the Dietitian must ensure effective supervision of the individual's condition.

- b) counsel groups other than to give general dietary advice.
3. advertise in other than an accurate and professionally restrained manner. Advertisements, whether written or audio-visual, should not be false, fraudulent, misleading, deceptive, self-laudatory, unfair or sensational. Explicit claims should not be made in respect of superiority of personal skills or facilities. Professional signs should be dignified and restrained.
4. a) make or support unjustifiable statements relating to particular products.

b) use a single brand name as the sole description of a product when giving therapeutic advice to individuals or groups. It is important that a range of products is described.
5. be involved in the promotion of dietary products in other than a professionally restrained manner. When working for commercial organisations, whether employed or contracted, dietitians should not be personally identified in product advertising material and must ensure that their scientific knowledge and clinical skills and experience are used in an accurate and professionally responsible manner in any promotional activity.

6. knowingly disclose to any unauthorised person the result of investigations or any other information of a personal or confidential nature gained in the course of practice of his/her profession.

A Dietitian should in the course of professional work seek, obtain, keep, store, record, hold, amend, delete, rearrange and disclose health information and data² (including information held manually) about a patient/client solely for the purpose of that patient's/client's continuing care or purposes for which the patient/client has given specific consent and is consistent with the provisions of the data protection legislation. Unless there is specific evidence to the contrary, it is considered that a Dietitian who has carefully followed, while practising in the UK the provisions of the Data Protection Act 1998 (effective from 1 March 2000), will not be in breach of this requirement.

7. neglect or be unaware of the Board's Statement on HIV/AIDS/HEPATITIS (Annex 1).
8. undertake invasive procedures without appropriate and approved training.

² *Definitions as in the Data Protection Act 1998*

Processing of Data (electronic and manual) is defined as:

"Obtaining, recording or holding the information or data or carrying out any operation or set of operations on the information including:

- a. organisation, adaptation or alteration of the information or data;*
- b. retrieval, consultation or use of the information or data;*
- c. disclosure of the information or data by transmission, dissemination or otherwise making available, or*
- d. alignment, combination, blocking deletion or destruction of the information."*

This means that any of these activities fall within the scope of the Act but all existing duties of care or specific considerations will still apply in the health professions (eg an alteration or deletion of records.)

Lawful Processing

Registrants will be undertaking most data processing in the course of their duties for "medical purposes". These are defined as including preventative medicine, medical diagnosis, medical research, the provision of care and treatment and management of health care services

For these purposes, a patient/client who has given general consent for treatment can be deemed to have given consent for all lawful medical purposes and does not need to give explicit separate consent for each activity within "medical purposes". Only a "health professional" falls under the provisions of "medical purposes".

Health Professional

It is important to note that only State Registered practitioners can fall under the provisions of "medical purposes".

Consent

Most of the use of information will be covered under the "medical purposes" definition and therefore does not require consent. The easiest way to protect the position in relation to processing information which is not covered under the "medical purposes" definition is to obtain specific consent from the patient/client.

Patient/client

The terms "patient" and "client" should be taken to have the widest definition and would, for example, include people in receipt of health promotional advice.

B. A State Registered Dietitian must:

1. take all reasonable steps to ensure that she/he can communicate properly and effectively with her/his patients/clients.
2. act to protect patients/clients when there is reason to believe that they are threatened by a colleague's conduct, performance or health. The safety of patients/clients must come first at all times and should over-ride personal and professional loyalties. As soon as a Dietitian becomes aware of any situation which puts patients/clients at risk, the matter should be discussed with a senior professional colleague or the Registrar of the Board if raising the matter with a senior colleague is thought inappropriate or is not possible.

ANNEX 1

STATEMENT ON HIV/AIDS/HEPATITIS

In drawing up a statement of principles for commendation to its registrants, the Board takes note of the recommendations of the UK Department of Health's expert advisory group on AIDS published in December 1991 and, in particular, on the risk to patients from HIV infected health care workers, routine infection control measures, need for screening of health care workers, close continued supervision of infected health care workers and the responsibilities of the employer and the rights of health care workers together with the sources of specialist advice and counselling.

It notes especially that paragraph 5.1 of those recommendations refers to advice issued by statutory registration bodies whose principles have been commended to other health care groups. It is considered that the time is now right for the Dietitians Board, as the statutory regulatory body for dietetics, to issue a statement.

The Board notes that the principles involved apply equally to infection from hepatitis.

In drawing up the statement the Board requires State Registered practitioners to maintain the rules of confidentiality in all dealings with patients.

The statement is as follows:

The publicity surrounding the spread of HIV infection has served to highlight the precautions which should have been taken by members of the profession and which are now more important than ever. By following appropriate precautions, members of the profession may continue to treat all members of the public, including patients/clients who might be infected with HIV or other agents, with total security for all concerned. Failure to know about, provide and use the appropriate facilities and methods may render members of the profession liable to disciplinary proceedings.

It is the ethical responsibility of members of the profession who believe that they themselves may have been infected with HIV to obtain medical advice and, if found to be infected, to submit to regular medical supervision including counselling. It is the duty of such members of the profession to act upon the medical advice they have been given, which may include the necessity to cease practice altogether, or to modify their practice in some way in the best interests of protecting their patients/clients. By failing to obtain appropriate medical advice or to act upon the advice which has been given to them, members of the profession who know that they are, or believe that they may be HIV positive, may jeopardise the well being of their patients/clients. Behaviour of this kind may, again, raise a question of infamous conduct in a professional respect.

ANNEX 2

ADVICE TO REGISTRANTS ON PERSISTENT VEGETATIVE STATE

The Dietitians Board at its meeting on 12 March 1993 considered the implications of the findings by the Law Lords in respect of the Bland case. Set out below are these considerations and the advice which the Board would wish to give to Dietitians.

The judges in the Court of Appeal (early December 1992) has sustained the previous decision to allow doctors to end the artificial feeding of Tony Bland, the Hillsborough victim, and this finding was upheld in the House of Lords.

In the House of Lords judgement in the Bland case it was recommended that, in future, cases of patients like Mr Bland should each be referred to the High Court. Such patients were described as "insensate with no hope of recovery" and their diagnosis was a medical matter. It was thought that any legal decisions about their care should "carry conviction with the ordinary person as being based not merely on legal precedent but also upon acceptable ethical values."

Meanwhile the most important consequence for dietitians surrounded the problem of responsibility for action, whether group or individual or medical.

In the approach to ending anyone's necessary artificial nutrition, the Board took the firm view that every effort should be made to achieve as wide agreement as possible as to the recommended course of action (or even to decide there were reasons for continuing feeding). In addition to the medical assessment and prognosis, this would include discussions with nurses, relatives and closely involved friends as well as any para-clinicals - eg physiotherapists. The Board emphasized that it was not the responsibility of the dietitian to carry out all discussions her/himself, but it would be wise for her/him to assure her/himself that adequate discussions had occurred before her/himself concurring with an intention to cease feeding such a patient.

This was because, although cessation of feeding was a "medical" decision, current practice was of team care and the dietitian should not in any way abrogate responsibility towards her/his patient.

All this highlighted the problems of individual responsibility in a team setting, as well as of medical "authority" in a health-care group.

The likely situations in individual cases can be summarised in the Table below which describes the position after comprehensive discussions (and in which + indicates a wish to feed the patient and √ different views on this within a group). The suggested procedure is stated below in the Table according to the numbered groups.

TABLE

+ = Wish to feed patient

- = Wish to cease feeding patient

∇ = Disagreement as to the action to be taken

Division of responsibility	Action to be taken					
	(1)	(2)	(3)	(4)	(5)	(6)
a. Relatives and friends	+	+	-	-	-	∇
b. Medical care team	+	-	+	-	∇	∇

(1) Patient to be fed

(2) & (3) Effort to be made to reach agreement during which time patient is fed - then referred to High Court for decision

(4) Referred to High Court for decision to stop feeding

(5) Referred to High Court for decision

Note: The dietitian should ensure that her/his views can be represented in any hearing - consideration should be given by the dietitian to seeking advice from senior members of her/his profession

(6) Feeding to continue, at least for further observation and discussion but may eventually be referred to High Court (see Note at (5) above)

Annex A to C(01)119

**Curriculum Framework
for qualifying programmes
in physiotherapy**

December 2001

Curriculum Framework for Qualifying Programmes in Physiotherapy

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Foreword

The *Curriculum Framework for Qualifying Programmes in Physiotherapy* forms an updated version of the document, of the same name, published in 1996 (CSP/CPSM, 1996a; CSP/CPSM, 1996b). The document has been reviewed and revised to ensure it continues to fulfil its intended purpose to best effect and to reflect recent and on-going developments in physiotherapy practice and education and the contexts in which each sits.

Such developments include the Quality Assurance Agency for Higher Education's new arrangements for subject review, underpinned by the publication of benchmark standards, and government initiatives to modernise the NHS and achieve genuinely patient-centred care across the spectrum of providers.

The 2000/2001 review has

- Updated and refined the 1996 version of the document, rather than making fundamental changes to its substance and style;
- Addressed how the document can be more specific about the required content of qualifying programmes in physiotherapy while avoiding inappropriate prescription;
- Sought to balance appropriate expectations of newly-qualified physiotherapists with an emphasis on the broader skills, capacity and aptitude required for career-long development.

There is a continuing transition from predominantly acute sector working towards the majority of physiotherapy practice taking place within primary care. Physiotherapists must be able to respond effectively to such changes, while the profession's vision of its role and activity must also change. With increasing social and cultural diversity, ethnic mix and interaction with displaced people, physiotherapists face ever-more challenging demands. Creating an appropriate learning experience that prepares physiotherapy students for their future professional practice, in times of change and uncertainty, has formed the review's main focus.

The new framework is designed to provide an accessible statement of the expectations and requirements of programmes for which professional and statutory recognition is sought, while also serving a broader range of purposes within and outside the profession.

The Validation Procedures for Qualifying Programmes in Physiotherapy form a companion document to the framework for those needing detailed guidance on seeking statutory and professional (re)approval of programmes.

Grahame Pope MPhil MCSP DipTP
Chair of Curriculum Framework/Validation Guidelines Review Steering Group


Foreword CF draft
19 November 2001



Abbreviations

The following abbreviations, or acronyms, are used in the document:

CPD	-	Continuing professional development
IM&T	-	Information management and technology
NHS	-	National health service
NSF	-	National service frameworks
PSB	-	Professional and statutory bodies
QAA	-	Quality Assurance Agency for Higher Education



Aim and purpose of the framework

Aim

The curriculum framework aims to

- Explain the professional and statutory regulatory bodies' expectations and requirements of programmes for which recognition is sought of their forming a qualifying route to the physiotherapy profession.

It does this by describing the learning that

- Qualifying programmes should enable students to achieve and demonstrate on graduation
- Should prepare students for the opportunities and challenges of physiotherapy practice, sustained by a career-long commitment to continuing professional development [CPD].

Purpose

The document has a range of purposes:

Primarily

- It guides existing and potential **providers of physiotherapy education** on designing, delivering, developing and reviewing their programmes.

In addition, it forms a reference document for

- Those **representing the professional and statutory regulatory bodies** in validation, revalidation and review processes – to appraise the worthiness of a programme to provide eligibility for state registration and membership of the CSP;
- **Physiotherapy programme providers** - to inform their on-going monitoring, evaluation and refinement of qualifying programmes so as best to facilitate and support students' learning;
- **Physiotherapy students** (in addition to the student handbook supplied by their higher education institution) - to guide them on the expected depth and range of their learning and their preparation for future professional practice;
- **Clinical educators** of students (in addition to programme-specific information supplied by the higher education institution from which students

are taken) - to assist them in supporting, facilitating and assessing students' learning;

- **Managers** of physiotherapy units and services – to assist them in creating an appropriate learning environment for students engaged in practice-based learning and supporting members of staff acting as clinical educators;
- **External examiners** to help them appraise the on-going quality of individual programmes within the context of nationally-set standards (in addition to those provided by the Quality Assurance Agency's *Academic and Practitioner Standards for Physiotherapy* (QAA, 2001a);
- **Reviewers** within the QAA's processes of subject review (QAA, 2001b) to appraise the quality of individual programmes by providing an additional statement of national standards (from a professional and statutory body [PSB] perspective);
- **Commissioners** of physiotherapy qualifying education (NHSE, 2001) to inform their award and renewal of contracts and their on-going evaluation of programme delivery.

It also offers

- A starting-point for the statutory regulatory body's appraisal of the equivalence of the depth and range of knowledge, skills and attributes presented by overseas-qualified physiotherapists seeking state registration to practise in the United Kingdom to that achieved by students following recognised qualifying programmes in the UK;
- A statement on physiotherapy education and practice in the UK for those outside the profession and international colleagues.

The chart on the following pages outlines how different audiences may find it helpful to use the document and highlights particularly useful sections for each.

Aims and purpose CF draft
19 November 2001

How to use the document

The chart below explains the primary ways in which different groups of readers are likely to want to use the framework and the sections of the document they are likely to find most helpful.

Users	Primary uses	Most useful sections
Professional & statutory bodies representatives	To appraise the worthiness of programmes to provide eligibility for state registration & membership of the CSP	<ul style="list-style-type: none"> • All • Needs to be used in conjunction with the <i>Validation Procedures</i>
Physiotherapy programme providers	<p>To shape the design and development of new qualifying programmes and to inform on-going monitoring, evaluation and refinement of programmes so as best to facilitate and support students' learning</p> <p>Particular uses:</p> <ul style="list-style-type: none"> • To prepare documentation for validation/revalidation purposes • As a learning tool within CPD provision for clinical educators (including accredited programmes) 	<ul style="list-style-type: none"> • All, but particularly the framework outcomes and the chart demonstrating linkages between these and QAA expectations • Needs to be used in conjunction with the <i>Validation Procedures</i>
Physiotherapy students	<p>To provide a guide to the expected depth and range of learning within qualifying programmes and preparation for future professional practice</p> <p>Particular uses:</p> <ul style="list-style-type: none"> • As a tool for reflecting on progress of learning (e.g. on an individual basis, with a tutor, or within a student group) • To inform expectations of, and approach to, practice-based learning 	<ul style="list-style-type: none"> • All, but particularly • The framework outcomes • The learning process
Clinical educators	<p>To assist in supporting, facilitating and assessing students' learning</p> <p>Particular uses:</p> <ul style="list-style-type: none"> • To develop awareness of the process of professional learning through which physiotherapy students progress; • To inform the development of learning contracts with students • To provide a tool (additional to those provided by universities) to assist in supporting, evaluating and assessing students' learning • As a tool within CPD activities relating specifically to their role in supporting, facilitating and assessing students' learning (including accredited programmes) 	<ul style="list-style-type: none"> • The framework outcomes • The learning process • The application of professional knowledge and skills • Professional attributes, identity and relationships



<p>Managers</p>	<p>To enhance understanding of the learning process involved in preparing students to become physiotherapists and the continuum between qualifying education and post-qualifying practice and development</p> <p>Particular uses:</p> <ul style="list-style-type: none"> • To inform support provided to staff acting as clinical educators to physiotherapy students • To help develop an appropriate learning environment for both physiotherapy students on placement & qualified/support staff • To inform the recruitment and expectations of newly-qualified staff • To inform support provided to newly-qualified staff 	<ul style="list-style-type: none"> • The framework outcomes • The learning process • The application of professional knowledge & skills • Professional attributes, identity and relationships
<p>External examiners</p>	<p>To provide a reference document in appraising the on-going quality of individual programmes within the context of national standards</p>	<ul style="list-style-type: none"> • The framework outcomes • The learning process • Levels of learning
<p>QAA reviewers</p>	<p>To form an additional reference document in appraising the quality of individual programmes within the process of subject review (QAA, 2001a; QAA, 2001b).</p>	<ul style="list-style-type: none"> • The framework outcomes • The learning process • Levels of learning • Chart demonstrating links between framework outcomes and QAA expectations
<p>Commissioners of qualifying education</p>	<p>To inform the conferment and renewal of contracts and the on-going evaluation of commissioned programmes</p>	<ul style="list-style-type: none"> • The framework outcomes • The learning process • Chart demonstrating links between framework outcomes and QAA expectations
<p>Assessors of applications from overseas-qualified physiotherapists</p>	<p>To provide a starting-point for the statutory regulatory body's appraisal of the equivalence of the depth and range of knowledge, skills and attributes presented by overseas-qualified physiotherapists seeking state registration to practise in the UK to that achieved by students following recognised qualifying programmes</p>	<ul style="list-style-type: none"> • The framework outcomes • The learning process • Professional attributes, identity and relationships
<p>Those outside the profession and international colleagues</p>	<p>To provide a statement on physiotherapy education and practice in the UK</p>	<ul style="list-style-type: none"> • The framework outcomes • The learning process • Professional attributes, identity & relationships

19 November 2001
Howtousedocument

Guide to the curriculum framework

Underlying principles

In line with its aim and purpose, the curriculum framework seeks to

- Be current, by reflecting present health care and education developments, as well as having a reasonable lifespan;
- Set realistic expectations about what can be included and delivered within qualifying programme curricula in terms of the volume, range and depth of students' learning;
- Provide guidance on the most important areas of learning within physiotherapy curricula and indicate the level at which such learning should take place;
- Balance meeting immediate post-qualification needs with nurturing the skills and attributes required for physiotherapists' career-long development and practice;
- Give appropriate levels of freedom to programme providers to develop curricula according to their particular strengths and resources, while guiding them on the content and level of programmes suitable for statutory and professional recognition.

The framework includes broad expectations about how curricula should be delivered and how physiotherapy students should be prepared for their future professional practice. It therefore addresses how learning is achieved and the necessary relationships between qualifying education and post-qualifying practice and development. At the same time, the document seeks to avoid being prescriptive about learning and teaching approaches and actively encourages innovation in curriculum design and delivery.

The document reflects the changing nature of physiotherapy practice and the settings in which it is delivered. Of prime importance is that qualifying programmes equip physiotherapy students with the attitude, aptitude and capacity to cope with change, uncertainty and unpredictability and with a commitment to the concept of continuous quality improvement.

The above should be understood in terms of students developing the capacity to

- Be receptive to altering their practice according to the profession's evolving evidence base, technological advances and varying environmental factors;
- Be comfortable with change and uncertainty;
- Understand changing patterns of health care delivery and organisation and how these affect physiotherapy practice;
- Play a role in initiating and enacting change in ways that optimise the effectiveness and efficiency of patient care.

For these reasons, together with the increasing recognition of the need for a continuum between qualifying education and post-qualifying practice and development, the framework is necessarily dynamic. It therefore places the

notions of adaptability, transferable skills, and developing future capacity at the centre of the education process.

The framework's educational philosophy

While affording programme providers appropriate degrees of flexibility, the framework is premised on a distinct educational philosophy. This relates to students' preparation for their practice as newly-qualified physiotherapists and their acquisition of the attributes, motivation and skills required for on-going learning. This philosophy can be summarised as follows:

- There must be a reciprocal relationship between learning achieved in university and practice-based settings, with students supported in developing new knowledge and skills through practice-based learning and enabled to evaluate, reflect on and develop this new learning within the university setting, and *vice versa*;
- Students need to be helped to recognise the scope for, and need to, transfer knowledge and skills across different stages and elements of their learning, enabled to develop the capacity to engage in this process, and supported in gaining the aptitude and confidence to continue this process throughout their professional life;
- All those involved in delivering qualifying education should genuinely recognise students as active participants in the learning process, with their thoughts, ideas and contributions respected at all stages and in all environments in which learning occurs;
- Students must be supported in developing the aptitude, confidence and skills to function as autonomous learners, with their being increasingly encouraged to engage in independent, self-directed learning as they progress through their qualifying programme and to recognise the importance of CPD/lifelong learning.

In addition, the framework is founded strongly on the principle that contributing to the learning of future members of the profession forms a basic responsibility of qualified physiotherapists.

Structure of the framework

The document focuses on the professional attributes that students should demonstrate, and the outcomes they should fulfil, on graduating from a qualifying programme in physiotherapy.

The underlying structure of the framework is as follows:

Knowledge/skills → Application → Attributes → Outcomes
--

Within all the document's sections, a strong emphasis is placed on enabling students to develop, apply and transfer professional knowledge, skills and attributes within, and to, clinical practice. While it is not expected that programme providers should replicate the framework's structure, **they are required to demonstrate how their programmes enable students to fulfil**

the **nine outcomes** and to explain how they achieve full coverage of the learning described in this document.

The diagram on page + shows the integral relationship between the different framework elements and the underpinning importance of the core qualities students need to develop through their qualifying education.

The nature and emphasis of the different framework sections is explained below.

The framework outcomes

The nine outcomes, divided into **physiotherapy professional characteristics** and **physiotherapy professional behaviours**, form the centre of the curriculum framework. They are provided in summary in **Table 1**.

Table 1

<p>Framework outcomes On successful completion of a recognised programme, graduates should demonstrate their capacity to</p> <ul style="list-style-type: none">• Practise within the core areas of physiotherapy• Manage oneself and work with others to optimise results• Enable people to optimise their health and social well being• Deliver physiotherapy in response to individual need• Promote equality to all in physiotherapy practice• Demonstrate and apply knowledge and understanding to issues affecting physiotherapy practice• Engage in research and evidence-based health care• Respond appropriately to changing demands• Practise and promote CPD.
--

The learning process

This section emphasises the underlying importance of the learning process created within qualifying programmes in enabling students to integrate the learning they develop in different areas and through different activities. It explains expectations about how learning is facilitated and the broad qualities that programmes should help students develop to equip them with the skills and aptitude for critical thinking and CPD.

Underpinning professional knowledge

This section sets out the knowledge that needs to form the foundation of students' future professional practice. It stresses the importance of addressing underpinning knowledge in ways that enable students to see their relevance and importance of different topics to professional practice. Such an approach should help students apply, extend and critique their knowledge as they develop skills in assessment (including the assessment of risk), clinical-reasoning, goal-setting, implementation, evaluation, research and review.

Underpinning professional skills

This section identifies the skills that constitute the uniqueness of physiotherapy practice, while recognising that this uniqueness is grounded in the overarching skills of the healthcare professions more broadly (QAA, 2001d). It also explores strategies to empower students in different learning environments, placing a particular stress on the reciprocity of learning between university and practice-based settings. This process should be structured and designed to enable students to take responsibility for their personal learning and development, engage in reflective practice and develop a commitment to CPD.

The application of professional knowledge and skills

Divided into two main elements, **professional practice areas** and **professional practice environments**, this section explains how students should be enabled to apply underpinning knowledge and skills. It describes how students need to develop to prepare for safe, effective and appropriately autonomous practice within frequently encountered situations. The section also highlights the importance of students being enabled to develop the capacity to transfer knowledge and skills to new situations, a fundamental feature of effective professional practice.

The section explores the varying, ever-changing and complex settings in which physiotherapists practise and acknowledges the growing importance of rehabilitation within the modernisation of healthcare (DoH, 2000*; DoH, 2001*). These issues and changes need explicitly to be addressed within programme design, while students' experience of different practice environments needs to be integrated into their acquisition of core physiotherapy knowledge and skills and their developing understanding of holistic healthcare management.

Professional attributes, identity and relationships

This section explains how students need to be socialised in becoming newly-qualified physiotherapists. It explains the importance of their being exposed to learning environments in which professional behaviours, attitudes, frames of reference and personal constructs are openly explored, debated and critically reviewed. Students need to be helped to engage in these challenging processes through experiential learning. In this way, they should be supported in using previous experiences, clinical reasoning and reflective practice to develop new knowledge and awareness and helped to gain the confidence to question and challenge current thinking within both university and practice-based settings.

Levels of learning and student progression

This section explains the levels of learning the professional and statutory regulatory bodies require physiotherapy students to attain in order to demonstrate their fulfilment of the framework outcomes, referring directly to the QAA's statements about the characteristics of academic awards (QAA, 2001c; QAA, 2001d). It makes explicit the basic requirement that programmes suitable

for recognition as providing an entry route into the physiotherapy profession must be at a minimum of honours degree level. It also addresses issues of student progression and suitability for professional practice, beyond the fulfilment of academic requirements.

Relationship with other documents

• QAA academic and practitioner standards for physiotherapy

The curriculum framework has strong, and deliberate, similarities with the academic and practitioner standards for physiotherapy commissioned by the Quality Assurance Agency for Higher Education (QAA, 2001a). It should therefore be possible to use the framework document and the benchmark statements as companion guides and statements of expectation.

The principal difference between the framework and the benchmark statements is that the former relates to qualifying programmes in physiotherapy at honours degree and postgraduate levels, whereas the latter relates only to qualifying programmes at honours degree levels.

• QAA qualifications frameworks

In explaining the expected level and style of qualifying programmes, together with the broad qualities, capabilities and attributes that such programmes should enable students to develop, the framework takes strong account of the QAA's qualifications frameworks for academic awards for England, Wales and Northern Ireland and for Scotland (QAA, 2001c; QAA 2001d).

The chart on page * shows how the framework outcomes relate both to the benchmark statements and the generic graduate attributes defined by the QAA.

• CSP *Standards of Physiotherapy Practice*

The framework draws heavily on the CSP's *Standards of Physiotherapy Practice* (2000a) and its *Rules of Professional Conduct* (2002). Explicit reference is made to these documents where appropriate. The key tenets of the *Standards of Physiotherapy Practice* (as outlined in **Table 2** below) are embedded in the expectations of learning expressed in the document.

Table 2

Key tenets of the <i>Standards of Physiotherapy Practice</i> (CSP 2000a)
Physiotherapists should
<ul style="list-style-type: none">• Respect individuals and confidentiality and deliver care customised to individual need;• Deliver care based on informed consent and ensure individuals receive full explanations of treatment options and have the opportunity to ask questions;• Deliver care based on the best available evidence;• Engage in appropriate data collection and recording;

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- Make appropriate use of outcome measures to evaluate individuals' health status and gauge changes resulting from treatment;
- Formulate treatment plans according to gathered and assessed information and in partnership with individuals, with the aim of benefiting individuals;
- Constantly evaluate treatment plans and their implementation to ensure their on-going relevance and progress in meeting pre-set goals;
- Arrange for the transfer of care or discharge in collaboration with individuals and with the appropriate transfer of related information;
- Communicate effectively with individuals, deploying refined listening skills, openness, honesty, clarity, appropriate methods and styles and sensitivity;
- Engage in inter-professional communication to ensure effective and efficient service delivery in the interests of individuals;
- Deploy risk assessment methods appropriately.

• **Validation procedures for qualifying programmes**

The framework forms a companion document to the *Validation Procedures*. These set out the processes and documentation requirements relating to professional and statutory approval and on-going monitoring of qualifying programmes in physiotherapy. References are made in sections of the framework where more detailed information appears in the guidelines on specific issues.

A note on style

The framework is designed either to be read in its entirety or used as a reference document. This means there is some repetition across different sections. However, such repetition should also emphasise the inter-relatedness of the concepts presented and help make explicit the progression of the document, as outlined above.

The following terminology is used in the document:

- **"Patients"** is used as a generic term to refer to individuals and groups of individuals who can benefit from physiotherapeutic intervention, including those who may usually be called "clients", although the more generic terms "individuals" and "people" are also used, where appropriate, to convey the intended inclusive meaning (particularly, for example, to emphasise physiotherapists' increasingly important role in health promotion and education);
- **"Intervention"** is used to describe all episodes of physiotherapeutic management of conditions, treatment and application of modalities that
 - Are based on a genuine commitment to patient partnership and mutual goal-setting
 - Involve the exercise of clinical judgement, clinical reasoning, assessment and the on-going evaluation of individual need
 - Are informed by the best available evidence;
- **"University setting"** is used in preference to "academic", with the intention that it should refer to all programme providers;
- **"Practice-based learning"** and **"practice-based setting"** are used in preference to "clinical education", "clinical placement" or "fieldwork"

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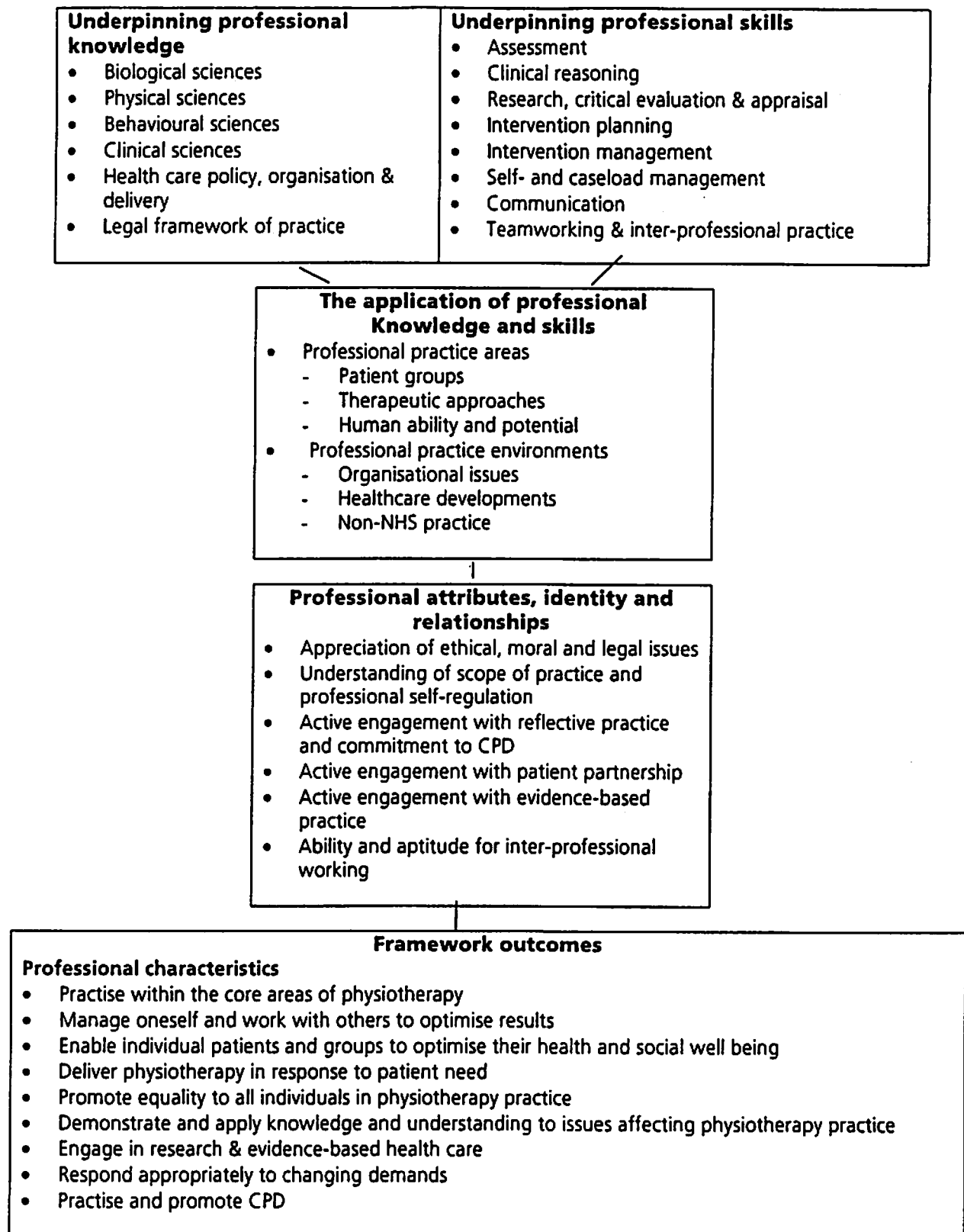
placement”, in keeping with common phrasing used in health care education.

The sections relating to knowledge, skills and attributes are subdivided into themes. In each of these, bullet points are included in boxes that suggest topic areas to be covered within curricula.

The content of the boxes is illustrative, rather than exhaustive. It should not be read as definitive listings of expected, or required, curriculum content, nor taken as defining how coverage of topics should be configured within individual curricula.

The glossary [pp.63-67] explains the intended meaning of key terms used in the document.

Sequencing of the framework's sections



Definition of physiotherapy

Physiotherapy is a health care profession concerned with human function and movement and maximising potential. It uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status. It is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery. The exercise of clinical judgement and informed interpretation is at its core.

Physiotherapists are autonomous professionals, able to act as first-contact practitioners, as well as accepting referrals from other health care professionals. Through partnership and negotiation, physiotherapists work with people to optimise their functional ability and potential. In this way, they address problems of impairment, activity and participation and manage recovering, stable and deteriorating conditions. They treat a wide range of physical conditions (particularly those associated with the neuro-muscular, musculo-skeletal, cardiovascular and respiratory systems), across the life span (from neonate to old age) and those presented with varying health status (both relating to physical and mental health).

Physiotherapists play a broad role in health promotion and education and self-care. This can extend to advising and teaching patients' and clients' carers, other health care professionals and support workers in order to provide a coherent approach to maximising individuals' independence and well-being.

Physiotherapists use manual therapy, therapeutic exercise and the application of electro-physical modalities. Through problem-solving, clinical reasoning, goal-setting, evaluation and review, they apply these approaches in response to individual need, working with patients/clients and their carers. Physiotherapists' assessment and evaluation of need – and potential need – includes the consideration of psychological, cultural, social and environmental factors and the impact these have on individuals' functional ability and the needs of their carers.

Physiotherapists practise in evolving and increasingly diverse environments and are committed to working collaboratively with other professions. The profession is receptive to change, welcomes the increasing focus on rehabilitation within the modernisation of healthcare, and encourages innovation in ways that assure the safety, effectiveness and quality of the care it delivers and that are in keeping with its commitment to evidence-based practice.

19 November 2001
Definition of physiotherapy CF draft

The framework outcomes

The nine outcomes of the curriculum framework describe the learning that physiotherapy students should achieve on qualification and the demonstration of which confers eligibility for state registration and membership of the CSP. They therefore provide a profile of a newly-qualified physiotherapist.

Enabling students to develop and demonstrate fulfilment of the outcomes is the primary criterion upon which physiotherapy programmes are judged suitable for validation and on-going approval [see *Validation Procedures*].

The framework outcomes reflect the CSP's *Rules of Professional Conduct* (CSP, 2002) and *Standards of Physiotherapy Practice* (CSP, 2000a), as well as the Society's on-going programme of work on continuing CPD and professional competence (CSP, 2000b; CSP, 2000c; CSP, 2001a).

1. Practise within the core areas of physiotherapy

- Work in partnership with people and their carers, through co-operative decision-making and mutually-agreed goal-setting and on the basis of informed consent, to manage a broad range of conditions relating to human movement, particularly those to do with the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems;
- Assess and evaluate needs and how people might benefit from physiotherapy, taking account of psychological, cultural, social and environmental, as well as physical, factors and their influence on functional ability and potential;
- Use core skills within manual therapy, therapeutic exercise and the application of electro-physical modalities to promote, maintain and restore physical, psychological and social well-being by seeking to optimise functional ability and potential;
- Understand the importance of assessment (including that of risk to patients, self and others), clinical reasoning, problem-solving, goal-setting, evaluation and review to the safe, effective and efficient practice of physiotherapy and engage in each of these activities as an integral part of their professional practice and in partnership with patients;
- Understand the breadth of physiotherapy practice, appreciating opportunities for specialisation after qualification, the changing nature of the profession's scope of practice and its evolving evidence base.

2. Manage oneself and work with others to optimise results

- Manage time effectively through appropriate caseload management, priority-setting, evaluation of need and service demand;
- Recognise the limits, and developing nature, of personal scope of practice and the evolving scope of practice of the profession;

- Recognise and manage personal emotions and stress in ways that benefit physiotherapists' professional status;
- Promote a safe and healthy working environment, taking due account of, and responding appropriately to, personal health and safety risks;
- Evaluate personal professional activity against pre-set objectives and the best available evidence regarding safety and effectiveness;
- Demonstrate sensitivity to the needs of others, including patients, carers and colleagues;
- Secure the commitment of other people in appropriate ways to meet individual needs, recognising the importance of patient partnership, effective teamworking and inter-professional/-agency collaboration;
- Present oneself and the physiotherapy profession positively to others;
- Recognise and respect the goals and priorities of other members of the health care team;
- Communicate and co-operate effectively with other members of the health care team and with carers to serve the interests, and with the informed consent, of patients.

3. Enable individuals and groups to optimise their health and social well being

- Promote good health and self-care, using interventions in partnership with individuals and their carers that lie within the scope of physiotherapy practice and that are based on the best available evidence regarding their safety and effectiveness;
- Teach and advise individuals, patients and groups, carers and other people on matters relating to optimising their health and social well-being that are within the scope of physiotherapy practice and based on the best available evidence regarding their safety and effectiveness;
- Advise individual patients and groups, carers and other people (including other health care professionals and support workers) on the scope of physiotherapy practice and its evidence base.

4. Deliver physiotherapy in response to individual need

- Assess individuals' needs and evaluate the potential benefits of physiotherapy intervention for optimising functional capacity, independence and well-being through structured forms of clinical-reasoning and in ways that promote shared decision-making and the formulation of mutually-agreed goals;
- Recognise the range of possible physiotherapy interventions relevant to identified individual need and evaluate personal competence to implement these;
- Work in partnership, and through negotiation and co-operation, with individuals to formulate, fulfil and evaluate mutually-agreed goals within an appropriate physiotherapy programme;

- Plan an appropriate physiotherapy programme based on an assessment of individual need, the best available evidence, the risks involved to self and others, and personal capacity to execute it safely, effectively and efficiently;
- Implement an appropriate physiotherapy programme safely, effectively and efficiently;
- Evaluate the effectiveness of the implementation of a chosen physiotherapy programme and revise its goals if necessary, working in partnership with patients and their carers;
- Record all aspects of the physiotherapy programme fully and accurately in accordance with good standards of professional practice and patient management requirements, taking account of local and national developments in information management and technology (IM&T) and knowledge management;
- Refer patients to other members of the health care team, or other care agencies, in accordance with the structured evaluation of on-going need and in partnership with individuals and their carers;
- Determine and agree in partnership with patients the most appropriate time to terminate physiotherapy programmes and manage discharge and/or transfer arrangements effectively, efficiently and sensitively.

5. Promote equality to all in physiotherapy practice

- Implement non-discriminatory personal practice, informed by an understanding of relevant legislation and national and local policies and statements of good practice;
- Understand issues of inclusion and cultural diversity as they relate to professional practice;
- Ensure the confidentiality and security of information acquired in a professional capacity;
- Promote and support individuals' rights and choice in their receipt of physiotherapy treatment;
- Respect individuals' personal beliefs, dignity and identity;
- Support patients, clients and carers through effective communication and collaboration with others, recognising the importance of effective teamworking and inter-professional/-agency collaboration;
- Understand self and personal prejudices and manage these appropriately.

6. Engage in research and evidence-based health care

- Have a developed sense of the knowledge base of the profession, its evolving nature and its underpinning theories and principles;
- Have the knowledge and skills to engage in effective and efficient forms of information retrieval and management;
- Understand the range of research processes relevant to evaluating physiotherapy practice and the appropriateness of their application to different research questions;
- Have the capacity and aptitude to contribute to the profession's culture of enquiry and commitment to best practice, including the skills to apply learning to practice;
- Critically appraise research evidence and apply it to practice where appropriate;

- Evaluate the outcomes of physiotherapy interventions, drawing on the best available evidence and appropriate clinical effectiveness tools;
- Apply learning gained through evaluative activity to subsequent practice, recognising the value of this as a dimension of CPD;
- Recognise the importance of providing cost-effective physiotherapy programmes informed by the best available evidence and in accordance with a structured assessment of individual need;
- Work in collaboration with other health and social care professions and disciplines to contribute to research projects.

7. Demonstrate and apply knowledge and understanding to issues affecting physiotherapy practice

- Recognise, and respond appropriately to, the scope and limitations of personal practice and that of the profession as a whole;
- Recognise, and respond appropriately to, the effect of resource limitations on physiotherapy interventions;
- Demonstrate and apply knowledge of the ethical dimensions of professional practice, including an understanding of their own professional attitudes, morals and beliefs;
- Demonstrate and apply knowledge and understanding of health and social policies relevant to physiotherapy practice;
- Demonstrate and apply knowledge and understanding of the legal frameworks and statutes relevant to physiotherapy practice.

8. Respond appropriately to changing demands

- Demonstrate the ability to transfer knowledge, skills and attributes to a variety of settings and environments, while recognising the limits of personal scope of practice;
- Recognise the need to adapt physiotherapy practice to meet varying needs, taking account of changing and unpredictable circumstances and informed by appropriate risk assessment (including the safety of self and others) and an evaluation of personal scope of practice;
- Recognise the evolving nature of physiotherapy practice, the contexts and environments in which it is practised, how it is commissioned, and the changing and varying needs of individuals whom it can best serve;
- Ensure that responses to change do not compromise the duty of care to individuals;
- Recognise the changing and uncertain nature of contexts in which physiotherapy is practised, and the importance of developing the confidence and capacity to influence, initiate and lead change in the future.

9. Practise and promote CPD

- Recognise the importance of undertaking and recording career-long CPD for maintaining and enhancing the quality of care to individuals and service delivery and for fulfilling professional and future statutory responsibilities;
- Appreciate, and begin to respond appropriately to, the learning continuum across qualifying education and post-qualifying practice;
- Recognise the links between reflective practice and clinical effectiveness and the necessary centrality of these within practice;
- Begin to take responsibility for personal and professional learning and development, seeking advice, guidance and support from appropriate sources and recognising the diverse ways and areas in which CPD can, and should, take place;
- Enhance, update and develop appropriate professional knowledge, skills and attributes, balancing personal needs with available resources and taking account of the best available evidence regarding safe and effective practice and its delivery;
- Begin to share and disseminate professional knowledge and skills to colleagues, individuals and carers, recognising the responsibility to play a role in educating future members of the profession.

OutcomesCFdraft
19 November 2001

The Learning Process

Introduction

This section explains expectations about how students' learning is developed within qualifying programmes. In so doing, it draws together key tenets about the learning process that should underpin qualifying programmes that permeate subsequent sections of the document.

The framework's heavy emphasis on the learning process reflects the difficulty of disentangling how students learn from the complexity of knowledge, skills and attributes they need to gain and the importance of enabling students to develop the aptitude for continued learning throughout their professional career.

Underlying principles

The curriculum framework is based on the following principles:

- Learning achieved in university and practice-based settings is of equal importance, with each contributing just as much to students' fulfilment of the framework outcomes;
- Learning achieved in the university and practice-based settings should be wholly integrated, with the reciprocal relationship between theory and practice embraced and recognised.

How students learn can have a significant impact on what they learn and the depth of learning they achieve. The learning process created within qualifying physiotherapy programmes is fundamental to students' preparation for the challenges and opportunities of their subsequent professional practice, both for their employment on qualification and for their on-going career in physiotherapy.

Qualifying education should therefore provide the 'building blocks' for physiotherapy practice by

- Assuring graduates' safety and effectiveness within the core areas of practice and their appropriate preparation for their initial posts;
- Equipping graduates with the broader skills, attitude and attributes required for career-long learning and development.

Developing key skills

The learning process promoted within qualifying programmes should enable physiotherapy students to develop the following:

- An ability to learn independently, while being aware of relevant and appropriate sources of support, advice and guidance and how to access these;
- An appreciation of the necessarily reciprocal relationship between theory and practice within professional learning;
- A capacity for clinical-reasoning, problem-solving, practice evaluation, and reflection and the critical appraisal of the profession's evolving evidence base and its application to practice;
- Recognition of the central importance of their deploying a problem-solving, reflective approach to all elements of their professional practice;
- Recognition of the fundamental importance of their developing a genuine commitment to the values encapsulated in the concept of patient partnership;
- A capacity to recognise the scope for, and to engage in, the transfer of knowledge, skills and attributes to different professional settings and situations, while having due regard for the limits of personal scope of practice;
- A strong understanding of the links between different elements of the curriculum they follow and an appreciation of the broad concepts and values that underpin physiotherapy practice in all settings and environments;
- An aptitude and enthusiasm for CPD and an appreciation of the continuum between qualifying education and post-qualifying practice and development.

Learning and teaching strategies

Students should learn through a variety of activities and in a range of environments. Students can be helped to fulfil the framework outcomes and to develop the qualities described above in the following ways:

- A student-centred approach to learning, balanced with access to appropriate sources of support and guidance;
- Opportunities to engage in shared learning with students from other disciplines and health care study routes;
- Time within the programme – and the provision of appropriate tools and support - to reflect on their learning;
- Teaching and learning approaches that facilitate the development of high-level cognitive skills (particularly relating to problem-solving, clinical reasoning and the exercise of professional judgement);
- Learning facilitated through a range of activities and media (including computer-assisted learning, where appropriate);
- Sensitivity to particular needs of individual students in terms of access to the curriculum, with appropriate adaptations made to its delivery;
- Exposure to, and experience of, clinical practice in a diverse range of settings and environments;

- Assessment procedures that focus on students' development and demonstration of the key qualities of learning expected at honours degree level (and above in postgraduate-level qualifying programmes; see **Levels of learning**).

The particular ways in which learning is supported within individual programmes are at the discretion of education providers. Innovative approaches to programme design and delivery (particularly within practice-based and inter-professional learning) are actively encouraged. Of particular importance are

- The creation of flexible opportunities for students' knowledge and skill acquisition, sustained by the recognition that learning takes place through a range of activities and in a variety of settings (providing that students are enabled and encouraged to transfer new knowledge and skills from one area to another);
- Recognising the significance of practice-based learning for delivering curricula, developing professional attributes, identity and relationships and enabling students to fulfil the framework outcomes;
- A true integration of learning developed in university and practice-based settings;
- Acknowledging that a prime purpose of qualifying physiotherapy education is to equip students with the aptitude, skills, curiosity and enthusiasm for on-going learning throughout their professional career, while ensuring they have the capacity to practise safely and effectively in their initial post-qualifying employment.

Within the university learning environment, students should benefit from belonging to strong peer groups (although it is acknowledged that establishing such groups can be difficult, particularly within large student cohorts). The learning environment should offer students stability when such peer groups have formed, and the opportunity to undertake both individual and group activities as a source of learning.

Learning in practice settings

Practice-based learning forms an indispensable and integral part of the learning process. Learning gained in practice settings is vital to students' educational and professional development and to their fulfilment of the framework outcomes.

Students should develop new knowledge and skills while in practice-based settings, in addition to applying, consolidating and reflecting on learning gained in the university environment. They should gain experience that enables them to develop, apply and reflect on their clinical practice across the core areas of contemporary physiotherapy practice (particularly the management of individuals with problems of the musculo-skeletal, cardio-respiratory and nervous systems) and to draw on, and review, the profession's evidence base. They should also be enabled to develop their understanding of the breadth of individuals who can

benefit from physiotherapy and the diverse settings in which physiotherapy is delivered (including physiotherapists' role in health education and promotion).

While students should be supernumerary to employed health care teams, they should genuinely be included within teams with whom they are placed (with appropriate arrangements for their induction) to optimise the quality of their learning experience. Consideration should also be given to

- The overall profile of students' practice experience (including ensuring an appropriate balance between placements in acute and primary settings) and its contribution to their acquisition of core physiotherapy skills and their fulfilment of the framework outcomes;
- The impact of the length and siting of placements on the quality of students' learning.

Key areas in which students' learning should develop in practice settings include

- The ability to apply and adapt their clinical and social skills in different practice environments, taking account of the varying needs of individuals, groups and carers;
- Their communication and teaching skills, including their ability to listen effectively, to address individuals' needs with sensitivity, to explain their thinking and action in appropriate styles and formats;
- Their commitment to patient partnership, manifested in their sensitivity and responsiveness to the needs and interests of patients and carers through the negotiation and evaluation of mutually-agreed goals;
- Their capacity to collaborate with other members of health care teams, including members of other professions and support workers, recognising and respecting the roles, responsibilities and contribution of each;
- The ability to make independent decisions, based on a thorough evaluation of need, contextual factors and the best available evidence, while referring to appropriate sources of advice and support when needed;
- The ability to manage a caseload effectively and efficiently in a range of settings, making appropriate decisions about priorities and drawing on sources of advice and support when needed;
- The ability to keep full and accurate records, respecting issues of confidentiality, information security obligations and standards of professional practice, and responding appropriately to developments in IM&T and knowledge management that impact on record-keeping processes and requirements;
- Recognition and appropriate response to the limits of their personal scope of practice and to the scope of practice of the profession at large;
- The ability to acknowledge and deal appropriately with uncertainty, unpredictability and change (both in terms of clinical practice itself and the organisational contexts in which physiotherapy is delivered).

While observation of the unusual has a value, students should spend the maximum time possible during periods of practice-based learning in direct

contact with patients, enabling them to deploy and refine their physiotherapy skills. Where electives are available, students should be discouraged from undertaking an excessive number of clinical hours within one particular clinical setting, particularly if they have had scant exposure to another core area of practice.

All those involved in supporting students' learning (including university educators, clinical educators and service managers) must have a shared and coherent picture of physiotherapists' role and responsibilities in the early career stages. The integration of learning through facilitated reflection, discussion and critical debate needs to be achieved to enable students to exercise the capacity, on qualification and within their scope of practice, to manage a full patient caseload in a range of environments within acute and primary care.

Illustrative issues for students relating to practice-based learning

- Students' understanding of the role of practice-based learning
- Establishing realistic expectations (both students' expectations of their learning in the practice setting and their educators' expectations of students' learning in the practice setting)
- Putting into practice concepts such as patient partnership, non-discriminatory practice and the promotion of equality
- The profile and range of students' clinical experience
- Equity and appropriateness of experience
- Learning contracts and logs
- Issues of quality relating to the length of placements and the frequency with which the learning environment changes
- Facilitated development of transferable skills and the holistic management of patients
- Reciprocity of learning and the integration of theory and practice
- The transition from student to newly-qualified physiotherapist
- Developing autonomy
- Developing the skills to question, challenge and promote change
- Critical care experience

Illustrative issues for clinical educators relating to practice-based learning

- The transition from supervisor to educator
- Dealing with students with different ability levels and at different stages of a qualifying programme
- Facilitating transfer of skills from one practice setting to another
- Enabling student to take control and responsibility
- Enabling ownership of learning and professional development
- Managing the failing student
- University-clinical placement relationship and broader issues of liaison
- Raising the profile of the clinical educator in practice-based and university settings
- Issues relating to the application of national and local standards and protocols (including *The Standards of Physiotherapy Practice* (CSP, 2000a) and health and safety procedures)

Illustrative issues for visiting university tutors relating to practice-based learning

- Clarification of role and responsibilities
- Building and maintaining relationships with clinical educators
- Role in student assessment
- Resolving placement difficulties

Inter-professional learning

Inter-professional learning should inform and enrich the experience of physiotherapy students without compromising their development of physiotherapy-specific knowledge, skills and attributes. Shared learning activities should prepare students for their future roles in multi-professional health care teams and for practice in a wide range of settings.

The type, scope and amount of inter-professional learning should fit with the philosophy of individual qualifying programmes, the profile of health care education provision within the host institution, and national and local initiatives to promote increased levels of inter-professional education and working.

Assessment

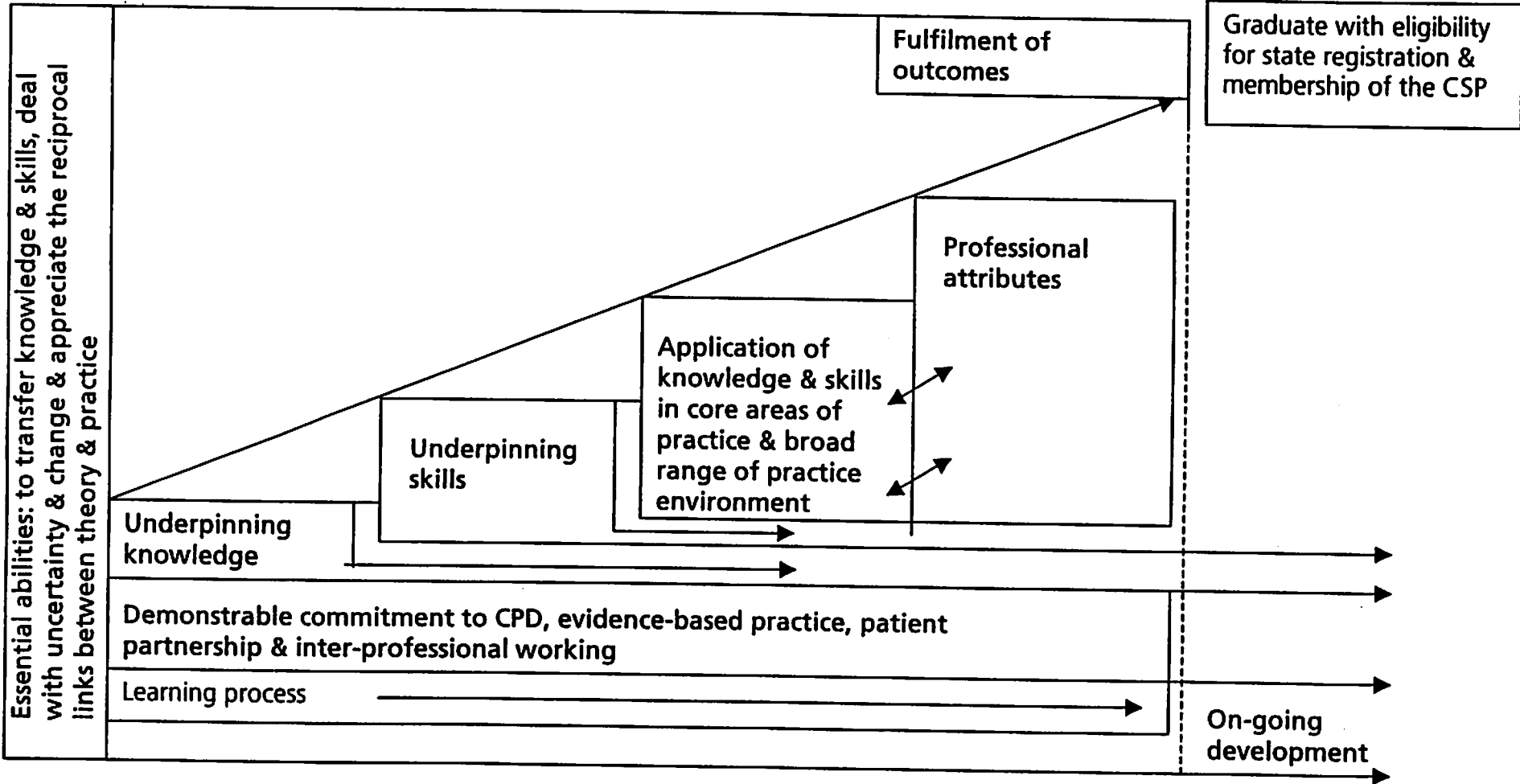
The assessment of students' learning should be integral to the learning process. Students should have opportunities to demonstrate their learning in a variety of ways and through assignments and examinations that have direct benefits for their learning. The approaches used should also provide students with regular and constructive feedback on their progress and performance, while encouraging self-directed learning and evaluation of personal achievements.

The assessment strategy used within programmes should achieve the following:

- A combination of approaches that enable programme providers to test, and students to demonstrate, fulfilment of the curriculum framework outcomes;
- An appropriate balance between formative and summative assessment, ensuring students receive regular and in-depth feedback on their performance and progress and guidance on areas in which they need to develop their knowledge and skills further;
- Approaches that encourage and develop students' confidence to
 - Assess their own learning through reflection and evaluation
 - Identify areas and ways in which they want and need to develop further
 - Make judgements about their own performance with some accuracy and without external or formal input;
- Explicit and detailed guidance (including the assessment criteria against which learning is to be measured) on what is expected of students in each element of the assessment process;
- A robust assessment of students' ability to practise safely and effectively in the core areas of physiotherapy practice and their preparedness for professional practice on initial qualification.

The inter-relationship between the framework

Learning environments: University & practice settings



Underpinning professional knowledge

The content of the boxes included in this section is illustrative, rather than exhaustive. It should not be read as definitive listings of expected, or required, curriculum content, nor taken as defining how coverage of topics should be configured within individual curricula.

Introduction

This section describes the areas in which students need to develop knowledge to support and inform their acquisition of professional skills and attributes. It is not expected that elements of learning described below should be addressed discretely within curricula but that they should be subsumed within the overall design of programmes and structured in ways that fit with programmes' broad educational philosophy.

Students should be helped to recognise the importance of underpinning knowledge to the development of their professional skills and attributes and their future practice as physiotherapists. They should be enabled to

- Integrate their learning in all areas and at all stages of their professional education;
- See the links between different programme elements and themes;
- Appreciate the reciprocal relationship between theory and practice, and between learning developed in university and practice-based settings.

Biological sciences

Students need to develop an understanding of the normal anatomy and physiology of the living human body for those systems commonly encountered in physiotherapy practice (that is, the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems). Their level of knowledge should be sufficient to

- Enable them to recognise dysfunction through appropriate assessment procedures;
- Select, plan, implement, manage and evaluate physiotherapeutic interventions designed to optimise functional ability, taking account of individuals' health status, environment and needs.

Students also need to develop an understanding of

- Patterns of human growth and development across the lifespan;
- Factors influencing variations in individual ability;
- The dynamic relationship between the human structure and function;
- How the application of physiotherapy can cause physiological and structural change.

Illustrative content

- The structure, function and normal responses to stress and ageing within human body systems
- Developmental changes through infancy, childhood, adolescence and adulthood
- Acquisition of psycho-motor skills
- Physiological dimensions of acute pain, chronic pain and pain management

Physical sciences

Students need to develop an understanding of the following concepts as applied to specific approaches, techniques and procedures used in physiotherapy practice:

- Physics
- Hydrodynamics
- Mechanics
- Biomechanics
- Ergonomics
- Exercise science

They need to acquire knowledge of how the physical sciences inform the understanding and analysis of movement and function and the principles and application of measurement techniques. Such knowledge of the scientific concepts and principles underlying physiotherapy is vital so that students can practise safely and effectively and have the capacity to use and critique the profession's evidence base.

Illustrative content

- Biomechanics of human movement
- Principles of electro-physics relevant to electro-therapeutic modalities and the response of tissues to electro-physical agents
- Principles of ergonomics and their relevance to normal and altered states
- Functional analysis and the use of measurement tools

Behavioural sciences

An underpinning knowledge of the behavioural sciences should develop students' awareness of the significance of psychology, sociology and cultural diversity in understanding the dynamics of health, illness and healthcare and the impact that psychological, sociological and cultural factors can have on patients' response to, and management of, their health status and related treatment.

Students should also develop an understanding of how psychological and sociological factors affect physiotherapists' approach to care, and how they need

to integrate such an awareness into their assessment procedures, management strategies and treatment plans in partnership with patients and their carers.

Illustrative content

- Social theory and its application to physiotherapy practice
- Models, ideologies and discourses on health and illness
- Social inequality and inequalities in health
- Classifications of impairment, activity and participation (including disablement process)
- Ethnicity and cultural diversity
- Sexuality and gender
- Experiences of illness, impairment and disability
- Psychological factors in health and illness
- Group dynamics and working in teams
- Therapeutic relationships
- Psychological dimensions of acute pain, chronic pain and pain management
- Understanding of self-development, identity development, and self in society
- Psycho-motor skills

Clinical sciences

Through the study of clinical sciences, students should develop an understanding of the pathological changes, and related clinical features, of conditions commonly encountered in physiotherapy practice. In turn, they should understand the

- Physiological, structural, behavioural and functional changes that can result from physiotherapy intervention and disease progression;
- Importance of taking an holistic approach to the management of people's problems
- Specific contribution that physiotherapy can potentially make to enhancing individuals' functional ability, together with the evidence base for this;
- Role of other professions in health care.

Knowledge of the clinical sciences is essential to students' understanding of the theoretical basis of physiotherapy assessment, treatment and evaluation, and to their being able to evaluate the effectiveness of their practice based on the best available evidence. Such an understanding needs to underpin their

- Development of accurate skills in clinical assessment, clinical reasoning, problem-solving and decision-making;
- Safe and effective application of appropriate physiotherapy treatments and related outcome measure tools.

Illustrative content

- Changes in pathological tissue
- Immunity and infection

- Inflammation, healing and repair
- Frequently encountered disorders of the following systems and their management:
 - Neurological
 - Cardio-respiratory
 - Neuro-musculoskeletal
 - Renal
 - Endocrine
 - Reproductive
 - Mental Health
- Pharmacology

Health care policy, organisation and delivery

Students should develop a knowledge and understanding of the factors, both within and beyond the physiotherapy profession, that affect how health and social care is delivered, organised and managed. They need also to understand changes in health care, taking account of the implementation of clinical governance, national service frameworks, the use of evidence-based tools such as clinical guidelines and professional standards, and major shifts in how health care is funded and organised.

They should develop an awareness of how political and social policies affect practice and necessitate change, and how physiotherapists can contribute to, influence, initiate, and manage change to enhance the effectiveness, quality and efficiency of health care delivery.

Students need to understand the changing and diverse contexts in which physiotherapy is provided and the implications that different organisational settings, working patterns and environments have for professional practice and the needs of patients and their carers.

Illustrative content

- Multi-agency health and social care provision across the lifespan
- Functions, structures, culture and change within the NHS
- Recent and current policy developments relating to health care organisation and delivery (including shifts towards greater primary and intermediate care)
- Health care environments and delivery outside the NHS
- The challenges of pressures and constraints within service delivery

Legal, ethical and moral dimensions of practice

Students need to acquire a knowledge and understanding of the

- Medico-legal aspects of professional practice, including health and safety obligations and legislation;

- Ethics of health care and the professional rules, standards and policies that apply to physiotherapy practice.

Learning developed in these areas should be focused on issues of strongest relevance to physiotherapists' professional practice, enabling students to develop sufficient understanding and awareness to enable them to practise legally, ethically and professionally in all circumstances.

Illustrative content

- Professional codes of conduct and standards and their ethical and legal basis
- Confidentiality and informed consent
- Negligence and trespass of person issues
- Statute laws relevant to physiotherapy practice [e.g. Disabled Persons Act, Race Relations Act, Health & Safety at Work Act, Children Act, Human Rights Act, Access to Health Records Act]
- Legal requirements relating to record-keeping
- Manual handling regulations
- Health and safety legislation
- The requirements of clinical governance
- Professional regulation (including the introduction of future re-registration requirements)
- Legislation relating to health care delivery and employment
- Local protocols

Underpinning professional knowledge CF draft
19 November 2001

Underpinning professional skills

The content of the boxes included in this section is illustrative, rather than exhaustive. It should not be read as definitive listings of expected, or required, curriculum content, nor taken as defining how coverage of topics should be configured within individual curricula.

Introduction

Physiotherapy practice is underpinned by the integration of knowledge and understanding drawn from a wide range of academic disciplines. It is characterised by

- A problem-solving approach to patient-centred care;
- Reflective behaviour;
- Clinical reasoning and the exercise of informed clinical judgement;
- Adherence to an evidence-based approach to health care;
- A commitment to CPD.

The diverse nature of physiotherapy requires students to acquire a range of complex skills. These should be developed longitudinally throughout qualifying programmes and through a learning process that casts both students and educators as learners. This should enable

- Exploration and debate;
- Genuine recognition of students' contribution to their own learning;
- An environment in which students are enabled to reflect on their self-knowledge and the beliefs underpinning their practice.

Through such a process, students should be

- Encouraged to take increasing responsibility for their personal learning needs;
- Enabled to develop a commitment to CPD;
- Given the confidence to become autonomous learners.

The CSP's *Rules of Professional Conduct* (CSP, 2002) and *Standards of Physiotherapy Practice* (CSP, 2000a) underpin each of the components described below. They should form significant tools within the learning and teaching process.

Communication

Effective communication and inter-personal skills are vital to physiotherapists' successful functioning and to establishing patient-centred, problem-focused health care. Students need to

- Develop an understanding of the importance of communication within and across their evolving scope of practice and within frequently encountered situations;
- Acquire the skills to liaise, collaborate and negotiate safely, effectively and sensitively in a professional manner with patients, carers, colleagues and other health care workers;
- Acquire and deploy refined listening skills;
- Demonstrate openness, honesty, clarity and sensitivity in their interaction with others (CSP, 2000a).

Students should be supported in developing the following:

- Written, verbal, non-verbal and presentation skills so they are able to interact with a wide range of individuals, at varying levels of complexity and through a range of media;
- Capacities in numeracy, information technology, information retrieval and knowledge management so they are able to present, manage and analyse information accurately, appropriately and efficiently.

Learning in these areas should take account of developments relating to information and knowledge management (including those relating to electronic patient records)

Illustrative content

- Managing people (e.g. elders, hearing-impaired, anxious, children, non-English speaking) in a wide variety of patient-therapist interactions (including those requiring the use of an interpreter and palliative/terminal care situations)
 - Encouraging and enabling individuals' involvement (including negotiated goal-setting)
 - Communicating with carers
-
- Formal and informal situations (e.g. case presentations, ward rounds, day-to-day interactions with the multi-disciplinary team)
 - Managing groups
 - Communicating with line managers and clinical educators
 - Presentation skills
 - Information and knowledge management

Assessment

Newly-qualified physiotherapists need to be able to assess individuals safely and effectively, using appropriate physiotherapy assessment techniques. These should include physical and biomechanical approaches of analysis, together with the interpretation of medical information, and should involve an evaluation of individuals' physical, social, psychological and cultural needs.

Learning and teaching strategies should enable students to develop appropriate skills to carry out and document appropriate holistic assessment techniques, within which they gain sufficient information to establish the nature and extent

of the potential benefit of physiotherapeutic intervention. Students need to learn the fundamental importance of

- Health care delivery being based on informed consent;
- Patients receiving full explanations of available treatment options and given the opportunity to ask questions;
- Showing respect for individuals;
- Maintaining confidentiality;
- Ensuring that delivery of care is customised according to individual need.

Illustrative content

- Communication strategies
- The integral nature of biological, physical, behavioural and clinical sciences
- Safe and effective use of physiotherapy assessment techniques, broadly grouped into subjective and objective data collection strategies
- Clinical reasoning and the selection of appropriate data collection strategies
- Problem-solving
- Safe and effective treatment planning
- Patient-therapist interaction and negotiation
- Health care policy, organisation and delivery
- The legal framework of practice, including issues of informed consent and non-discriminatory practice
- Documentation policies and procedures, including patient record systems

Clinical Reasoning

Newly-qualified physiotherapists need to use information gained through assessment techniques to construct - in negotiation with patients - specific, safe and effective management strategies. In preparation for this, students need to develop the capacity to synthesise their knowledge of biological, physical, behavioural and clinical sciences, underpinned by their understanding and application of clinical reasoning and problem-solving skills.

The complex skills of clinical reasoning should be developed longitudinally and feature throughout qualifying programmes, with students receiving early exposure to its core concepts (Boud, 1993). Care should be taken to ensure equity in focus between technical, physiotherapy-specific skills and the development of broader professional attributes. Students should have the opportunity to learn in environments that encourage exploration and debate and that emphasise the reciprocal relationship between theory and practice.

The importance of students' own thinking within the learning process needs to be recognised. Students' development as reflective practitioners should be facilitated and supported (Schön 1983, 1987), with their being encouraged to reflect on self-knowledge and explore the beliefs that underpin their practice (Quicke 1996). Such a learning process should

- Encourage students to take increasing responsibility for their personal learning needs, while providing appropriate forms and levels of support and tools for supporting their learning;
- Facilitate their developing autonomy as learners;
- Develop their capacity for identifying goals for their CPD.

Illustrative content

- Learning about learning
- Learning from experience
- Models of clinical reasoning
- The problem-solving process
- Models of decision-making
- Planning, prioritisation, implementation and evaluation strategies
- Evidence-based health care
- Dimensions of reflection, including the nature of reflection and reflective practice, models of reflective thinking, and reflection as an individual and group activity
- Case studies and simulations

Research, critical evaluation and appraisal

Research and evaluation forms an integral component of any physiotherapy assessment, management plan, intervention and interaction. It encompasses

- Clinical reasoning;
- The selection, critical appraisal and justification of treatment interventions;
- The ability to determine individual need based on assessment;
- Identifying research questions arising from practice.

Research and evaluation processes should underpin and inform all physiotherapy practice. Newly-qualified physiotherapists need sufficient skills in research and evaluation to find and use available evidence to justify safe and effective treatment choices. Students therefore need to develop an appreciation of the wide range of research and evaluation methods that can contribute to the evaluation of practice, as well as the reciprocal relationship between theory and practice.

Students need to understand that the broad concept of research and evaluation includes quality assurance, clinical audit and outcome measurement and that these processes form valid methods for optimising clinical effectiveness and fulfilling clinical governance requirements. The role and use of information technology and information sources as tools for research, evaluation and learning, and the application of IT in practice and management, should also be addressed.

Students should be helped to develop a basic understanding of the scientific processes that underpin physiotherapy research. However, the focus of their learning in this area should be on how research can enhance the profession's practice and contribution to patient care. They should also gain practical

experience in some elements of the research process so that they can contextualise the theoretical aspects of critical appraisal and review and develop the capacity to become active researchers as well as the users of research.

Illustrative content

- The research process and research methodologies (including literature searching, qualitative and quantitative approaches, efficacy and effectiveness, basic statistical analysis, the interpretation of data, report-writing and standard referencing procedures)
- Legal, ethical and professional considerations of data collection and access
- Critical evaluation of research
- Information management and retrieval systems
- Sources of information

Management planning

Students should develop the ability to construct safe and effective treatment plans according to gathered and assessed information, in partnership with, and with aim of, benefiting patients. To achieve this, students need to develop

- Evaluation and research skills that enable them to appraise available evidence and reach appropriate decisions about safe and effective treatment;
- The skills to evaluate treatments and their implementation on a continuous basis, in partnership with patients, to ensure their on-going appropriateness and to gauge progress in meeting pre-set goals.

Within this process, the focus should be on delivering care based on the best available evidence.

Newly-qualified physiotherapists are autonomous practitioners. Students therefore need to develop broad, transferable skills in assessment and treatment planning. These should equip them to undertake assessment and initial treatment planning in frequently encountered patient situations, while recognising the limits of their practice and the importance of seeking assistance when appropriate.

Students should experience learning environments that encourage discussion and debate and that increasingly devolve responsibility for learning and development to themselves. This should facilitate their appreciation of personal development and the need to transfer professional skills and engage in self-evaluation, all of which are key components of autonomous professional practice (Quicke 1996; McCulloch 1995). Such an environment should also engender students' commitment to CPD, enabling them to recognise the continuum between qualifying education and post-qualifying practice and development.

Illustrative content

- Synthesis of biological, physical, behavioural and clinical sciences and their application to clinical practice
- Physiotherapy assessment strategies

- Application of models of clinical-reasoning, problem-solving and decision- making
- Patient-therapist interaction and negotiation
- Health care policy, organisation and delivery
- The legal framework of practice, including informed consent and non-discriminatory practice
- Reflective practice
- Critical review and evidence appraisal
- Documentation and patient record systems
- Developing awareness of the potential repertoire of relevant treatment approaches in particular situations and their effects, contra-indications and evidence base

Implementation of intervention strategies

The successful implementation of intervention strategies requires the full integration of communication, assessment, clinical-reasoning, critical evaluation, appraisal and management planning skills. Students need to develop the capacity for such implementation, including the safe and effective application of appropriate treatment skills, underpinned by effective and sensitive strategies for engaging in genuine partnership with patients. Students also need to be able to reflect upon all aspects of implementation and at all stages of the implementation process. In partnership with patients and their carers, they need to be able to

- Identify the outcomes achieved;
- Compare these with those that were expected and planned for;
- Evaluate the effectiveness of the chosen intervention strategy on a continuous basis.

Illustrative content

- Dimensions of reflection
- Reflective practice
- Models of clinical reasoning
- Critical appraisal of evidence based health care
- Management planning strategies
- Physiotherapy assessment strategies
- Physiotherapy treatment strategies
- Goal setting and evaluation
- Patient partnership and negotiation

Self- and caseload management

Newly-qualified physiotherapists need effective skills in time management, people management and self-management. To aid development of these skills, students should have the opportunity to explore issues of personal, social and professional development to increase their understanding of people and how the context of interaction can impact upon behaviour.

Students need to develop appropriate skills in time management and priority-setting so that, on qualification, they can take responsibility for managing a full

patient caseload in a range of acute and primary care environments. They should also be enabled to promote a safe and healthy working environment for other people (including patients, carers and colleagues).

Learning to be a physiotherapist, and the role of qualified physiotherapists, are challenging. Students should therefore be helped to cope with personal emotions and stress arising from their professional practice and to develop strategies for dealing with difficult situations (for example, interaction with an unconscious patient, managing patient conflict and dealing with dying, loss and bereavement).

Newly-qualified physiotherapists, as with health care professionals at all stages of their career, have to recognise the limits of their personal practice. They need to recognise that an integral part of autonomy is reflexivity, recognising personal learning needs and having a commitment to CPD. Students should have the opportunity to develop their professional knowledge and skills in safe learning environments that encourage

- Self-evaluation
- Critical appraisal
- A questioning of beliefs underpinning contemporary physiotherapy practice.

Their awareness should be raised that maintaining and enhancing knowledge and skills through identifying and meeting personal learning needs is a key professional responsibility, relating directly to the CSP's Rule 1 of professional conduct (CSP, 2002).

Illustrative content

- Synthesis of biological, physical, behavioural and clinical sciences and their application to clinical practice
- Patient-therapist interaction and negotiation
- Health care policy, organisation and delivery
- The legal framework of practice, including informed consent and non-discriminatory practice
- Time management
- Managing people
- Understanding self
- Personal, social and professional development
- Developing reflective practice

Team working and inter-professional practice

Physiotherapists must practise appropriate professional behaviour in all circumstances and have the capacity to determine how the best quality service can be delivered most efficiently at all times. In developing their own professional identity as a physiotherapist, students need also to develop a strong awareness of the roles of other health care professionals within the context of contemporary health and social care provision so that, on qualification they

- Understand individual and team working practices sufficiently to operate appropriately and effectively in both contexts;
- Are able to engage in inter-professional communication and collaboration to ensure services are delivered efficiently in the best interests of all users.

Students need to develop an understanding of how physiotherapy practice contributes to the broader provision of care and how physiotherapeutic interventions can be applied most effectively. As part of this, they need to acquire the capacity to understand and respond appropriately to the limits of their personal scope of practice and to appreciate the developing scope of practice of the profession at large. They should also develop basic skills in

- Workload analysis;
- Task delegation (including the on-going responsibility carried by qualified staff for the fulfilment of delegated activities);
- Managing support staff;
- Working effectively in collaboration with all members of health and social care teams.

Where possible, appropriate inter-professional learning should inform and enrich the educational experiences of students, without compromising the development of their professional identity, physiotherapy knowledge and skills. Shared learning opportunities, including those within the practice setting, should help students prepare for their future role within contemporary and developing health care environments.

Illustrative content

- Group dynamics
- Team and collaborative working
- The multi-professional/-disciplinary team in health care
- Clinical education
- Workload analysis
- Delegation of tasks and accompanying responsibilities

The application of professional knowledge and skills

The content of the boxes included in this section is illustrative, rather than exhaustive. It should not be read as definitive listings of expected, or required, curriculum content, nor taken as defining how coverage of topics should be configured within individual curricula.

Professional practice areas

Introduction

Physiotherapists treat people with a wide variety of physical conditions - particularly those associated with neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems - and across the life span, from neonate to old age. In providing care to a wide variety of individuals, they offer a range of therapeutic approaches, including therapeutic exercise, manual therapy and electro-therapeutic modalities. It is the core practical skills of physiotherapy that distinguish it from other health care professions.

The effective practical application of physiotherapy skills is grounded in the integration of theory with practice. Learning each skill involves developing a knowledge and understanding of the following of each modality and technique:

Its

- Effects
- Uses
- Efficacy
- Criteria for selection
- Dangers
- Precautions
- Contra-indications
- Application
- Progression
- Modification

Students need to understand the conceptual and evidence base that underpins each skill so as to develop the capacity to assess the appropriateness of deploying each one in specific situations. Through experiential learning - allowing a process of testing, re-testing and refining - students should be enabled to adapt, apply and develop their conceptual understanding and practical skills in a variety of different settings.

Students need to develop their professional knowledge and skills in environments that encourage critical debate about the appropriateness, safety and effectiveness of applying different modalities in different clinical situations. They should be encouraged to evaluate critically current and new approaches, and enabled, once qualified, to feel empowered to initiate change and development in line with the profession's growing evidence base and technological advances.

Patient and client groups

Students should develop an awareness of the broad issues relating to the people with whom physiotherapists work. They need to understand patterns of service delivery that categorise individuals in terms of patient groups or broad need in different ways. These may focus on

- Conditions – for example, learning difficulties or mental health;
- Systems – for example, orthopaedics or neurology;
- Age group – for example, paediatrics or elders.

Newly-qualified physiotherapists have to be familiar with these varying forms of need categorisation so that they can work effectively across the full range of such categorisation, while respecting the primacy of the individual in all circumstances. Students should be enabled to

- Develop non-discriminatory, inclusive practice and appreciate the significance of cultural diversity issues;
- Respect individuals' confidentiality and dignity and recognise the need for informed consent.

Illustrative content

- The integral nature of biological, physical, behavioural and clinical sciences
- Physiotherapists' role in multi-dimensional healthcare
- Physiotherapy assessment strategies
- Individualising health care management according to patient need
- The health care needs of patient groups as compared to individuals
- Health education and promotion

Therapeutic approaches

Students should learn the skills required to perform physiotherapeutic approaches safely and effectively from an evidence-based perspective. Learning and teaching strategies should therefore be underpinned by the critical review of research and the profession's evolving evidence base. Skills should be developed in ways that enable students to see the importance of modifying their application of therapeutic approaches according to their re-assessment of need or changes in individuals' responses to intervention and in line with mutually-agreed goals.

1. Manual therapy

Through the use of manual techniques, physiotherapists facilitate and restore movement and function. Different concepts and approaches inform the development of these techniques. Students benefit from the integrated study of biological, physical, behavioural and clinical sciences to inform the theoretical basis of these techniques. They should be introduced to a variety of approaches to manual therapy and the application of these techniques to a wide variety of individual needs across the life span.

Illustrative content

- Integrated study of biological, physical, behavioural and clinical sciences
- Massage techniques
- Mobilisation/manipulation techniques
- Manual handling
- Therapeutic handling
- Respiratory techniques
- Adaptations of therapeutic handling across the life span

2. Exercise and movement

The integrated study of biological, physical, behavioural and clinical sciences informs students' understanding, application and use of therapeutic exercise. Understanding normal movement is the basis for recognising movement dysfunction, while analysing movement dysfunction is the basis upon which physiotherapists make decisions about using therapeutic exercise and specific techniques. Determining appropriate therapeutic action needs to be underpinned by the processes of assessment, problem-solving and clinical-reasoning and strategies for working in genuine partnership with patients.

Illustrative content

- Independent movement
- Normal movement across the life span
- Active exercise
- The impact of breathlessness on activity
- Passive movement
- Posture and positioning
- Gait
- Altered patterns of movement associated with commonly encountered situations
- Hydrotherapy
- Fitness testing
- Exercise physiology
- Exercise prescription and training protocols

3. Electro-physical modalities

The integrated study of biological, physical, behavioural and clinical sciences should inform students' understanding and effective use of electrical, thermal, light, sound and magnetic energy. This includes the range of modalities that can be used to generate therapeutic physiological effects to restore function. Students should develop an understanding of how to integrate physical principles with knowledge from the biological, behavioural and clinical sciences to ensure the safe and effective application of modalities.

Illustrative content

Therapeutic use of the following energies

- electrical

- sound
- magnetic
- light
- thermal

4. Health education and promotion

The promotion of good health and the use of preventative approaches are key aspects of physiotherapy practice. Students should develop their understanding of issues relating to health promotion, health education and illness prevention.

Illustrative content

- Integrated study of biological, physical, behavioural and clinical sciences
- Health policy and legislation
- Inequalities in health
- Health and illness
- Communication skills
- Learning teaching skills
- Managing people
- Equal opportunities

Human ability and potential

Physiotherapists need to understand the structural organisation, interdependence and control of the major body systems and appreciate the contribution they can make to the ability and potential of individuals throughout the life span. Students should be encouraged to explore the dynamic relationships between human structure and function, as well as individuals' variations in functional ability and their potential for change. They should also be enabled to understand, respect and address the relationships between human growth and development, on the one hand, and human relationships and social change, on the other, and the variety of individual needs that may arise as a result.

Biological, pathological, social and psychological dimensions are equally significant in how they may each affect individuals' health status. Students should learn about the normal functioning of the neuro-musculo-skeletal, cardio-respiratory and neurological systems and understand frequently encountered changes to human ability and potential arising from dysfunction within any of these systems, either alone or in combination.

Illustrative content

- The integrated study of biological, physical, behavioural and clinical sciences incorporating a life span perspective
- Neuro-musculoskeletal ability and potential
- Cardio-respiratory ability and potential

- Neurological ability and potential
- The physical ability continuum (including the elite athlete)
- Health, illness and disease
- Human ability and potential and the role of rehabilitation (including in areas such as palliative care)
- Epidemiology

Professional practice environments

Introduction

Practice-based learning is a pivotal component in physiotherapy students' education. Practice settings are complex, changing and pressured environments that lack uniformity, creating the potential for students to become confused about their role and to experience difficulties in identifying learning opportunities and applying problem-solving skills (White & Ewan, 1991).

It is therefore important that learning environments are fostered within practice-based settings that

- Allow students to build on their clinical experiences;
- Create opportunities for reflection and critical debate;
- Assist students integrating their university-based learning with their clinical experience;
- Enable students to refine their thinking and practice (Hart & Ryan, 2000).

Organisational issues

Students need to complete substantial periods practice-based learning within the core areas of physiotherapy practice (that is, musculo-skeletal, cardio-respiratory and neurology) and within acute and primary care environments. Students' practice-based learning needs to be truly representative of current physiotherapy practice, enabling them to undertake assessment, initial intervention planning, implementation and evaluation in frequently encountered situations and settings.

Physiotherapists work in increasingly diverse environments (for example, primary care trusts, patients' homes, GP surgeries, health centres, independent hospitals, private practice, hospices, industry and schools, as well as acute hospitals). Their practice settings reflect a substantial shift to health care delivery in primary and intermediate care settings and an increasing focus on rehabilitation within healthcare modernisation (CSP, 2001b; DoH, 2000c; DoH, 2001b). Newly-qualified physiotherapists need to appreciate the implications of different organisational settings for delivery of care and patterns of working. Students therefore need to develop the appropriate skills of self- and practice management to adapt their treatment approach to different care environments.

Health care developments

Newly-qualified physiotherapists need to understand the ever-changing political, social and cultural issues that influence how health care is organised and delivered. Students therefore need to

- Develop a basic understanding of the organisation of contemporary health care provision (for example, current health and social policy, legislation, health economics, service contracts, national service frameworks and the growing importance of primary and intermediate care);
- Appreciate the impact of developments in health care on physiotherapists' evolving role and responsibilities so that they can contribute effectively to the delivery of physiotherapy services;
- Learn to be flexible and adaptable in coping with change;
- Take responsibility for their own personal and professional development.

Illustrative content

- Health and social policy and legislation
- Health economics and changes in how health care is funded
- Equal opportunities legislation
- Anti-discriminatory and anti-oppressive practice
- Quality assurance initiatives, including clinical governance, the National Institute for Clinical Excellence, national service frameworks, the Commission for Health Improvement
- Professional self-regulation and scope of practice issues
- *CSP Rules of Professional Conduct and Standards of Physiotherapy Practice (CSP, 2002; CSP, 2000a)*
- Managing change and people
- Preparation for employment

Practice outside the NHS

It is important that the experience gained by physiotherapy students in practice-based settings is truly representative of the breadth of environments and sectors in which physiotherapists practise, and reflects the increasing shift of delivery towards primary care. Wherever possible, students should gain work-based learning within the increasingly diverse environments in which physiotherapy is delivered outside the NHS (including independent hospitals, private practice, schools and industry) and be supported in developing appropriate self- and practice management skills to adapt their intervention approaches to different care environments.

Illustrative content

- Private practice
- Independent hospitals
- Hospices
- Charities
- Sports centres
- Football clubs

- Dance centres
- Industry
- Schools

Appl of prof know skills CF draft
19 November 2001

Professional attributes, identity and relationships

The content of the boxes included in this section is illustrative, rather than exhaustive. It should not be read as definitive listings of expected, or required, curriculum content, nor taken as defining how coverage of topics should be configured within individual curricula.

Introduction

Newly-qualified physiotherapists need to manage both themselves and others. Students therefore need to learn about themselves and understand the basis upon which they make decisions and respond to situations. Through an increased understanding of self and an enhanced self-awareness, they should develop skills in self-evaluation. These capabilities, combined with the ability to validate such self-evaluation, are fundamental qualities of autonomous practice.

A challenging aspect of becoming a physiotherapist is making the transition from *knowing* about autonomous practice to *functioning* as an autonomous practitioner. For newly-qualified physiotherapists entering their first post, their understanding of autonomy needs to be manifested in recognising the limits of their personal scope of practice. However, they also need to be able to undertake assessment and initial treatment planning in frequently encountered patient situations within primary and acute settings.

Students need to be helped to develop the attributes that will underpin their future professional autonomy.

Appreciating ethical, moral and legal issues

Physiotherapists require a sound knowledge and understanding of the ethical, moral and legal contexts of their professional practice so that they practise legally, ethically and professionally in all circumstances. Students therefore need to

- Develop an appreciation of the ethical and moral dimensions of professional practice, as well as the legal frameworks that impact on it;
- Be fully conversant with the legal responsibilities and rights of professional practice, encapsulated in the concept of professional self-regulation;
- Understand the factors within and beyond the profession that influence how health and social care is organised and delivered;
- Develop an awareness of how political and social policies affect professional practice and precipitate change.

Illustrative content

- CSP *Rules of Professional Conduct* (CSP, 2002)
- Issues of self-regulation and state registration

- Social policy legislation relative to health care provision (e.g. equal opportunities, Disability Discrimination Act (1999), Human Rights Act (2000))
- Medical legislation
- Health and safety legislation relative to health care provision, including the use of physiotherapy specific equipment
- Integration and adaptation of learning from biological, physical, behavioural and clinical sciences
- Clinical-reasoning, problem-solving and decision-making
- Inclusion, diversity and non-discriminatory practice

Understanding scope of practice and professional self –regulation

Physiotherapists must understand, and work within, the limits of their own scope of practice, while having a strong awareness of the roles of other health care professionals. Such an approach, reflected in their adherence to the CSP's *Rules of Professional Conduct* (CSP, 2002) and *Standards of Physiotherapy Practice* (CSP, 2000a), underpins their safe and effective practice. Physiotherapy is changing rapidly and the scope of practice of individual physiotherapists must adapt appropriately to shifts in health care environments, the profession's developing evidence base, and technological advances.

To prepare for their status as autonomous practitioners, students need to develop the transferable skills of assessment and treatment planning needed in frequently encountered patient situations. They need to graduate with

- The capacity to recognise their personal scope of practice and manage their CPD, with appropriate support from others, so they can maintain, enhance or broaden their scope of practice as they progress through their professional career;
- A sound understanding of issues relating to professional self-regulation, including the future introduction of re-registration requirements and related developments arising from new legislation and government initiatives.

Illustrative content

- *CSP Rules of Professional Conduct* (CSP, 2002) and *Standards of Physiotherapy Practice* (CSP, 2000a)
- Understanding the evolution and breadth of physiotherapy practice
- The regulatory framework of physiotherapy practice (including the Health Professions Council and requirements relating to state registration)
- Professionalism and professional practice
- Extended scope practitioner role
- Clinical leadership roles and consultant therapists
- Specialist versus generalist roles
- Critical review and debate
- Physiotherapy assessment and treatment strategies

Active engagement with reflective practice and CPD

Newly-qualified physiotherapists must have the capacity and motivation to undertake CPD. The ability to identify and manage personal learning needs should result from students being enabled to reflect on their learning and development and to understand the transition from student to autonomous professional practice.

Such an engagement with reflective practice is best facilitated in learning environments in which

- Self-direction, responsibility and flexibility of thought are promoted;
- Critical appraisal and the thinking skills of clinical reasoning are central to practice (Terry & Higgs, 1993; Titchen & Higgs, 2000; Brookfield, 2000).

While some individuals are more naturally reflective, effective reflective practice is a complex skill. Its development requires facilitation and nurture within safe learning environments in which students can test and re-test their knowledge and skills.

Illustrative content

- Integration and adaptation of learning from biological, physical, behavioural and clinical sciences
- Clinical-reasoning
- Clinical decision-making
- Evaluation of self
- Identifying learning needs and learning opportunities
- Using learning contracts
- Models of reflective practice
- The CPD / lifelong learning cycle
- Evidencing learning
- Writing a reflective diary / journal
- Discussion arising from reflective writing

Active engagement with patient partnership

Effective physiotherapy management is underpinned by the concept of patient partnership, within which with the quality of the patient and carer experience is paramount. The integration of university and practice-based learning should enable students to understand the complexities of the physiotherapist-patient relationship and the relevance of this relationship to the successful outcome of treatment. It is important that students develop an understanding that

- Respect for patients, as individuals, has to be central to the therapeutic relationship;
- Patients' response to physiotherapy may vary according to the relationship established within a treatment situation;
- Effective communication is fundamental to relationships with patients, with physiotherapists needing to ensure the information they give to individual patients and their carers enables them, through partnership and negotiation,

to reach the most appropriate decision about physiotherapy intervention and its management and to give informed consent.

Illustrative content.

- Factors impacting on patient perceptions of physiotherapy, including responsiveness to needs and preferences; the skill, care and continuity of service provision; patient involvement; supporting choice through the provision of information; waiting and accessibility issues; and the physical environment (DoH 1998)
- CSP *Standards of Physiotherapy Practice* (CSP, 2000a)
- Ethical, moral and legal issues of professional practice, including informed consent
- Communication skills
- Inter-personal relationships
- Negotiation skills
- Concepts of partnership
- Managing people
- Dealing with difficult situations

Active engagement with *research and evidence-based health care*

The use of evidence and research to justify decision-making in professional practice should underpin all learning strategies within physiotherapy education. Newly-qualified physiotherapists need to demonstrate their acquisition of sufficient skills in research and evaluation to find and use available evidence in support of safe and effective treatment choices and identify research questions arising from practice.

Students need to be supported in acquiring skills in critical *appraisal* of the profession's existing research and evidence base through

- The delivery of learning and teaching from an evidence-based perspective;
- Helping them to develop their research awareness and appreciation of the relative merits of different research methods for addressing different questions;
- Their being exposed to a research culture within all learning environments.

Students should be enabled to understand that a wide range of research and evaluation methods can inform critical debate about the evidence base of contemporary physiotherapy practice. It is also essential that they develop an

- Understanding of the reciprocal relationship between theory and practice;
- Appreciation that research and evaluation encompass quality assurance, clinical audit and outcome measurement as valid methods for optimising and improving clinical effectiveness and fulfilling clinical governance requirements;
- Awareness of the role and use of IT as a tool for research, evaluation and learning and the application of IT in clinical practice and management.

Students should gain practical experience in some elements of the research process to deepen and contextualise their understanding of the theoretical

aspects of critical appraisal and review. They should develop a basic understanding of the scientific process, while the critical review of research and evidence should be seen primarily in terms of how it can enhance physiotherapy practice and patient care.

Illustrative content

- What is evidence?
- Sources of information
- Sources of evidence
- Appraisal of evidence
- The research process and research methodologies
- Critical evaluation and review
- Coping with uncertainty and lack of evidence
- Theory arising from practice

Ability and aptitude for inter-professional teamworking

Physiotherapists practise in a wide variety of environments, both as individuals working alone and as members of multi-disciplinary health and social care teams. Recent legislation has raised inter-professional working as a priority in patient care and students must be enabled to develop the skills required to be effective members of inter-professional teams. Achieving this requires that they develop an awareness of how their practice contributes to the broader provision of care within current and developing contexts of health and social care provision (CSP, 2001b).

Illustrative content

- Team working
- Group dynamics
- Managing people
- Delegation
- Communication skills
- Models of collaborative working
- Reflective practice
- Models of decision-making

Levels of learning and student progress

The curriculum framework learning outcomes describe a mix of knowledge, skills and attributes, the synthesis of which is required to create individuals able to act as safe and effective professionals within complex and changing practice environments. While the outcomes are not formulated to indicate a particular academic level, their fulfilment nonetheless represents a high level of educational achievement.

For this reason, together with the QAA's move to draw a firmer distinction between ordinary and honours degrees, the professional and statutory regulatory bodies now require all entry routes to the profession to be at a **minimum of honours degree level** (QAA, 2001c; QAA, 2001d). Routes leading to a postgraduate qualification will also be considered for validation where the providers can demonstrate that such programmes meet nationally-set requirements and expectations for awards at this level (see below), and that the intended target group should respond well to the full demands of the qualification within the programme's duration.

While the professional and statutory bodies have defined the minimum level for qualifying programmes, they actively encourage physiotherapy education providers to give strong consideration to issues of broadening access to programmes and increasing flexibility in how these are delivered. Providers should pay careful attention, and make appropriate arrangements, to support students with a broader range of needs and prior experience (QMCE, 2001).

A summary is provided overleaf of the qualities set out by the QAA for learning attainment that leads to the award of honours and taught postgraduate degrees.

QAA qualifications frameworks

The QAA's two qualifications frameworks for academic awards (respectively published for England, Wales and Northern Ireland and for Scotland) provide an important reference point for the development of qualifying programmes in physiotherapy (QAA 2001c; QAA 2001d). A summary of expectations for honours and Master's degree awards within the two frameworks is given below in **Tables 1 and 2**.

Table 1: Honours degree programmes

QAA qualifications framework for England, Wales & Northern Ireland	QAA qualifications framework for Scotland
<p>Graduate attributes</p> <ul style="list-style-type: none"> • Systematic understanding of key aspects of field of study, informed by current research • Skills of analysis and enquiry appropriate to the discipline; • Conceptual understanding • Ability to devise and sustain arguments • Problem-solving skills • Ability to critique research and advanced scholarship • Ability to cope with uncertainty, ambiguity and limits of knowledge • Ability to manage personal learning using appropriate sources and materials • Ability to review, consolidate, extend and apply their knowledge and understanding • Ability to initiate and carry out projects; • Ability to evaluate arguments, assumptions, abstract concepts and data, make judgements, and frame appropriate questions to achieve solutions to problems • Communicate effectively to a range of audiences • Exercise initiative and personal responsibility • Ability to make decisions in complex and unpredictable contexts 	<p>Credit-point tariff: at least 480 credit points, of which a minimum of 180 should be at levels 3 and H (including a minimum of 90 at SHE level H)</p> <p>Graduates attributes</p> <ul style="list-style-type: none"> • Systematic knowledge and understanding of their discipline and its context, and a detailed knowledge of some specialisms within it, informed by current research • Critical understanding of established and current theories, principles and concepts within their discipline; • Critical understanding of the uncertainty and limits of knowledge and how it is developed • An ability to use established techniques of analysis and enquiry appropriate to the subject • Skills in identifying information needs and gathering, analysing and interpreting ideas, concepts and qualitative and quantitative data • Ability to use knowledge, understanding and skills to assess and critique a wide range of concepts, ideas and data • Ability to identify and analyse complex problems and issues, demonstrating some originality and creativity in formulating, evaluating and applying evidence-based solutions and arguments • Communicate the results of their study and other work accurately and reliably • Identify and address their own learning needs in current and in new areas, using appropriate research, development and professional materials • Exercise personal responsibility and initiative • Engage in decision-making in complex and unpredictable contexts

Table 2: Master's degree programmes

QAA qualifications framework for England, Wales & Northern Ireland	QAA qualifications framework for Scotland
<p>M level attributes</p> <ul style="list-style-type: none"> • Systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their field of study/ area of professional practice • Comprehensive understanding of techniques applicable to their own research/ advanced scholarship • Originality in applying knowledge and a practical understanding of applying techniques of research and enquiry to create and interpret knowledge • Ability to evaluate critically current research/ advanced scholarship, evaluate and critique methodologies to propose new hypotheses. • Ability to deal with complex issues both systematically and creatively • Ability to make sound judgements in the absence of complete data • Ability to communicate their findings to a 	<p>Credit-point tariff: at least 180 credits of which a minimum of 150 are at SHE at level M</p> <p>M level attributes</p> <ul style="list-style-type: none"> • Systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their field of study/professional practice • Comprehensive understanding of techniques applicable to their own research or advanced scholarship • Originality in applying knowledge and a practical understanding of applying research and enquiry techniques to create and interpret knowledge • Ability to evaluate critically current research and advanced scholarship, evaluate and critique methodologies to propose new hypotheses. • Ability to deal with complex issues systematically and creatively • Ability to make sound judgements in the

<p>range of audiences;</p> <ul style="list-style-type: none"> • Demonstrate self-direction and originality in problem-solving and act autonomously in planning and implementing tasks at a professional or equivalent level • Aptitude for continuing to advance their knowledge and understanding and to develop new skills to a high level • Ability to exercise initiative and personal responsibility • Ability to make decisions in complex and unpredictable situations • Ability to undertake independent learning and CPD. 	<p>absence of complete data</p> <ul style="list-style-type: none"> • Ability to communicate their findings to specialist and non-specialist audiences • Demonstrate self-direction and originality in problem-solving and act autonomously in planning and implementing tasks at a professional or equivalent level • Aptitude for continuing to advance knowledge and understanding and develop new skills to a high level • Exercise initiative and personal responsibility; • Ability to make decisions in complex and unpredictable situations • Ability to undertake independent learning and CPD.
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Student progress

Providers of qualifying education are responsible to the public, employers of physiotherapists and the physiotherapy profession for the quality of their graduates. That students are being prepared for membership of a profession carries particular implications for expectations and requirements of their learning. These extend beyond students' acquisition of the high-level knowledge and skills required of all graduates. Of particular importance is that students understand from an early stage in their qualifying education the responsibilities and privileges of professional status and the particular expectations imposed on them by the *CSP's Rules of Professional Conduct* (CSP, 2002).

Programme providers must ensure that only those students who are fit to practise as newly-qualified practitioners complete qualifying programmes and thereby gain eligibility for state registration and membership of the CSP. Students who do not fulfil the required standards through demonstrating appropriate knowledge, skills, attributes, attitudes and behaviours - as defined by the outcomes of the curriculum framework - should be advised on, and supported in, pursuing alternative career paths.

Providers of qualifying programmes should ensure they have in place robust, fair and well-publicised procedures, including accessible and transparent appeals processes, for addressing issues arising from students who cause concern on the grounds of their performance (including poor conduct) about their suitability to join the physiotherapy profession. It should also be ensured that students, and all those concerned with their education, understand their rights and responsibilities relating to their future membership of the profession.

Levels of learning CF draft
19 November 2001

Relationship between the framework outcomes and the *Academic and Practitioner Standards for Physiotherapy (QAA, 2001a)* and the *Qualifications Frameworks (QAA, 2001c; QAA, 2001d)*

Framework outcomes	Benchmark statements	Graduate attributes
<p>Practise within the core areas of physiotherapy</p> <ul style="list-style-type: none"> • Work in partnership with patients and their carers to manage a broad range of conditions relating to human movement, particularly those to do with the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems; • Assess and evaluate patient needs and how they might potentially benefit from physiotherapy, taking account of psychological, cultural, social and environmental factors and their influence on functional ability; • Use the core skills of manual therapy, therapeutic exercise and the application of electro-physical modalities to promote, maintain and restore patients' physical, psychological and social well-being by seeking to optimise their functional ability; • Understand the importance of assessment (including that of risk to patients, self and others), clinical reasoning, problem-solving, goal-setting, evaluation and review to the safe, effective and efficient practice of physiotherapy and engage in each of these activities as an integral part of their professional practice and in partnership with individuals; • Understand the breadth of physiotherapy practice, appreciating opportunities for specialisation after qualification, the changing nature of the profession's scope of practice and the profession's evolving evidence base. 	<ul style="list-style-type: none"> • An understanding of the biological, physical & behavioural sciences which underpin physiotherapy • An ability to apply appropriate physiotherapy assessment techniques • Safe and effective use of therapeutic exercise incorporating decision making, goal setting and design of exercise programmes • Safe and effective use of manual therapy in the application and mobilisation, manipulation and massage and respiratory therapy techniques • Safe and effective use of electrotherapeutic modalities in the selection and application of a range of modalities based on the therapeutic use of electrical, thermal, light, sonic and magnetic energy • An understanding of the role of physiotherapy in the prevention of illness and injury and in health • The information gained from the assessment process sufficient to assess a patient safely and effectively taking into account physical, psychological and cultural needs 	<ul style="list-style-type: none"> • Systematic understanding of key aspects of field of study • Problem-solving skills • Ability to evaluate arguments, assumptions, abstract concepts and data, make appropriate judgements and frame appropriate questions to solve problems • Ability to initiate and carry out projects
<p>Enable individual patients & groups to optimise their health & social well being</p> <ul style="list-style-type: none"> • Promote good health and self-care, using interventions that lie within the scope of physiotherapy practice and that are based on the best available evidence regarding their safety and effectiveness; • Teach and advise individuals patients and groups, carers and others on matters relating to optimising their health and social well being that are within the scope of physiotherapy practice and based on the best available evidence regarding their safety and effectiveness; • Advise individual patients and groups, carers and others (including other health care professionals and support workers) on the scope of physiotherapy practice and its evidence base. 	<ul style="list-style-type: none"> • An ability to apply appropriate physiotherapy assessment techniques • An understanding of the role of physiotherapy in the prevention of illness and injury and in health • Communication skills sufficient to communicate safely and effectively as a professional with patients, carers and colleagues 	<ul style="list-style-type: none"> • Ability to communicate effectively to a range of audiences • Problem-solving skills

<p>Manage oneself & work with others to optimise results</p> <ul style="list-style-type: none">• Manage time effectively through appropriate caseload management, priority-setting, evaluation of need and service demand and in line with personal scope of practice as a newly-qualified physiotherapist;• Recognise and manage personal emotions and stress in ways that benefit physiotherapists' professional status;• Promote a safe and healthy working environment, taking due account of, and responding appropriately to, personal health and safety risks;• Evaluate personal professional activity against pre-set objectives and the best available evidence regarding safety and effectiveness;• Demonstrate sensitivity to the needs of others, including patients, carers and colleagues;• Secure the commitment of other people in appropriate ways to serve the needs of individuals, recognising the importance of patient partnership, effective teamworking and inter-professional/-agency collaboration;• Present oneself and the physiotherapy profession positively to others;• Recognise and respect the goals and priorities of other members of the health care team;• Communicate and co-operate effectively with other members of the health care team and with carers to serve the interests, and with the informed consent, of patients.	<ul style="list-style-type: none">• A sufficient understanding of individual & teamworking practices to be able to work in both contexts where appropriate• The use of IT and information management systems sufficient to maintain patient records• An understanding of the role of other professions• An ability to work as a member of a health care team	<ul style="list-style-type: none">• Problem-solving skills• Exercise initiative and personal responsibility• Ability to make decisions in complex & unpredictable contexts
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<p>Promote equality to all individuals in physiotherapy practice</p> <ul style="list-style-type: none"> • Implement non-discriminatory practice, informed by an understanding of relevant legislation and national and locally-developed policies and statements of good practice; • Ensure the confidentiality and security of information acquired in a professional capacity; • Promote and support patients' rights and choice in their receipt of physiotherapy treatment; • Respect patients' personal beliefs, dignity and identity; • Support patients through effective communication and collaboration with others, recognising the importance of effective teamworking and inter-professional/-agency collaboration; • Understand self and personal prejudices and manage these appropriately. 	<ul style="list-style-type: none"> • The assessment process sufficient to assess a patient safely and effectively taking into account physical, psychological and cultural needs • An integrated understanding of the ethical, moral and legal issues in relation to physiotherapy practice 	<ul style="list-style-type: none"> • Systematic understanding of key aspects of field of study • Ability to initiate and carry out projects • Communicate effectively to a range of audiences
<p>Deliver physiotherapy in response to patient need</p> <ul style="list-style-type: none"> • Assess patients' needs and evaluate the potential of physiotherapy intervention to optimise functional capacity, independence and well-being through structured forms of clinical-reasoning; • Recognise the range of possible physiotherapy interventions relevant to identified patient need and evaluate personal competence to implement these; • Work in partnership, and through negotiation, with patients and carers to establish an appropriate physiotherapy programme, co-operation with this, and mutually agreed goals; • Plan an appropriate physiotherapy programme based on an assessment of individual need, the best available evidence, the risks involved to self and others, and personal capacity to execute safely, effectively and efficiently; • Implement an appropriate physiotherapy programme safely, effectively and efficiently; • Evaluate the effectiveness of a chosen physiotherapy programme and revise goals if necessary, working in partnership with patients and their carers; • Record all aspects of the physiotherapy programme fully and accurately in accordance with medico-legal and patient management requirements, taking account of local and national developments in information management and technology (IM&T); • Refer patients to other members of the health care team or other care agencies in accordance with an evaluation of on-going need and in partnership with individuals and their carers; • Determine and agree in partnership with patients and carers the most 	<ul style="list-style-type: none"> • An understanding of the biological, physical and behavioural sciences which underpin physiotherapy • An integrated understanding of the ethical, moral and legal issues in relation to physiotherapy practice 	<ul style="list-style-type: none"> • Problem-solving skills • Ability to initiate and carry out projects • Communicate effectively to a range of audiences • Ability to make decisions in complex and unpredictable contexts

<p>appropriate time to terminate physiotherapy programmes and manage discharge and/or transfer arrangements effectively, efficiently and with sensitivity.</p>		
<p>Engage in evidence-based practice</p> <ul style="list-style-type: none"> • Have a developed sense of the knowledge base of the profession, its evolving nature and its underpinning theories and principles; • Understand the range of research processes relevant to evaluating physiotherapy practice and the appropriateness of their application to different research questions; • Have the capacity and aptitude to contribute to the profession's culture of enquiry and commitment to best practice, including the skills to apply learning to practice; • Critically appraise research evidence and apply to practice where appropriate; • Evaluate the outcomes of physiotherapy interventions, drawing on the best available evidence and appropriate clinical effectiveness tools, and apply learning gained through evaluative activity to subsequent practice; • Recognise the importance of providing cost-effective physiotherapy programmes informed by the best available evidence and in accordance with a structured assessment of individual need. 	<ul style="list-style-type: none"> • Evaluation and research processes sufficient to find and use available evidence in order to choose and evaluate treatment intervention safely and effectively • An understanding of the performance framework and quality assurance mechanisms within physiotherapy practice • Capacity to use numerical and IT skills to present, manage and analyse data appropriately • An ability to implement clinical practice based on research evidence 	<ul style="list-style-type: none"> • Skills of analysis and enquiry • Ability to devise and sustain arguments • Ability to critique research and advanced scholarship • Ability to initiate and carry out projects
<p>Respond appropriately to changing demands</p> <ul style="list-style-type: none"> • Demonstrate the ability to transfer knowledge, skills and attributes to a variety of settings and environments; • Recognise the need to adapt physiotherapy practice to meet varying needs, taking account of changing and unpredictable circumstances and informed by appropriate risk assessment (including the safety of self and others) and an evaluation of personal scope of practice as a newly-qualified physiotherapist; • Recognise the evolving nature of physiotherapy practice, the contexts and environments in which it is practised, how it is commissioned, and the changing needs of individuals whom it can best serve; • Ensure that responses to change do not compromise the duty of care to individuals. 	<ul style="list-style-type: none"> • An ability to use this [professional] knowledge and understanding appropriately in a variety of practice contexts • An appreciation of the complexities of health care systems within which physiotherapy is delivered 	<ul style="list-style-type: none"> • Ability to cope with uncertainty, ambiguity and limits of knowledge • Ability to make decisions in complex and unpredictable contexts
<p>Demonstrate & apply knowledge & understanding to issues affecting physiotherapy practice</p>	<ul style="list-style-type: none"> • An appreciation of the complexities of health care systems within which physiotherapy is delivered 	<ul style="list-style-type: none"> • Systematic understanding of key

<ul style="list-style-type: none"> • Recognise, and respond appropriately to, the scope and limitations of personal practice and that of the profession as a whole; • Recognise, and respond appropriately to, the effect of resource limitations on physiotherapy interventions; • Demonstrate and apply knowledge and understanding of the ethical and professional framework of physiotherapy practice; • Demonstrate and apply knowledge and understanding of health and social policies relevant to physiotherapy practice; • Demonstrate and apply knowledge and understanding of legislation relevant to physiotherapy practice. 	<ul style="list-style-type: none"> • An understanding of the performance framework and quality assurance mechanisms within physiotherapy practice • An understanding of the social and economic factors that impact on health and delivery of care 	<p>aspects of field of study</p> <ul style="list-style-type: none"> • Conceptual understanding • Ability to review, consolidate, extend and apply their knowledge and understanding
<p>Practise & promote CPD</p> <ul style="list-style-type: none"> • Recognise the importance of undertaking career-long CPD for maintaining and enhancing the quality of care to individuals and service delivery and for fulfilling professional and future statutory responsibilities; • Appreciate, and respond appropriately to, the learning continuum across qualifying education and post-qualifying practice; • Recognise the links between CPD, reflective practice and engaging in clinical effectiveness; • Take responsibility for personal and professional learning and development, seeking advice, guidance and support from appropriate sources and recognising the diverse ways and areas in which CPD can, and should, take place; • Enhance, update and develop appropriate professional knowledge, skills and attributes, balancing personal needs with available resources and taking account of the best available evidence regarding safe and effective practice and its delivery; • Share and disseminate professional knowledge and skills to colleagues, individuals and carers, recognising the responsibility to play a role in educating future members of the profession. 	<ul style="list-style-type: none"> • Reflection and the learning process, in order to identify personal and professional goals for CPD and lifelong learning 	<ul style="list-style-type: none"> • Ability to manage personal learning using appropriate resources and materials • Ability to review, consolidate, extend and apply knowledge and understanding • Ability to cope with uncertainty, ambiguity and limits of knowledge

ComparativechartQAA.12 September, 2001

Glossary

Acute sector	Health care provided in hospital-based environments
Assessment/treatment cycle	The cyclical process that describes the thought processes of clinicians from information-gathering to analysing, assessing, planning, implementing, evaluating and transferring care/discharge
Benchmark statements	An initiative undertaken under the aegis of the QAA to describe the nature and characteristics of higher education programmes in a specific subject, while representing general expectations about the standards for an award of qualifications at a particular level and articulating the attributes and capabilities that those possessing such qualifications should be able to demonstrate. Benchmark statements have been developed in physiotherapy that cross-refer to a common health professions framework.
Clinical audit	A systematic, cyclical method used by health care professionals to compare what they do, and how well they do it, against agreed clinical standards. The method includes acting on results of that comparison to maintain and/ or enhance the standard of care they deliver
Clinical educator	A qualified practitioner who directly supports a student's learning during practice-based learning
Clinical effectiveness	The extent to which specific clinical interventions, when used for a particular patient or patient group, do what they are intended to do in terms of maintaining and improving health and securing the greatest possible health gain from the available resources (NHS Exec., 1996)
Clinical governance	A government initiative (introduced in 1998) to provide a framework through which NHS organisations are accountable for continuously improving the quality of services they deliver
Clinical guidelines	Statements developed through systematic processes to assist practitioners and individuals in making decisions about appropriate forms of health care in particular clinical areas, taking account of individual circumstances and need
Clinical reasoning	The thinking process that informs and underpins clinical practice, involving the interrogation and application of theoretical knowledge, practical skills, reflection and evaluation
Clinical team	A group of people, comprising healthcare staff, individuals, carers and others, that share a common purpose to achieve agreed clinical goals
Continuing professional development [CPD]	CPD is the range of learning activities in which physiotherapists engage throughout their career to maintain and develop their capacity to practise safely and competently within their evolving scope of practice.
Continuous quality improvement	An organisational culture in which an emphasis is placed on building on existing knowledge, skills and experience, learning from experience (including adverse events), teamworking and individual and team development and within which the focus is on meeting the needs of patients in the most effective and efficient ways
Electro-physical modalities	A range of agents that use electricity and other physical agents to optimise functional capacity
Evaluation	Review and assessment of the quality of care in order to identify areas for improvement

Evidence-based health care	A commitment to using the best available evidence to inform decision-making about the care of individuals, <i>and the organisation of that care</i> , that involves integrating practitioners' professional judgement <i>and experience</i> with evidence gained through systematic research and <i>that respects individuals' preferences and beliefs</i>
External examiner	Individuals appointed by higher education institutions, from a register of educators approved to act in this role, to monitor the delivery of programmes and ensure that participants are assessed fairly and consistently in accordance with individual programmes' aims, learning outcomes and assessment criteria and with the expectations and requirements as set out in the curriculum framework.
Formative assessment	Assessment procedures that have a diagnostic and developmental function, that are undertaken by students as an integral part of the learning process, and that do not count towards whether students are deemed to have passed an element of a programme successfully or to their degree classification.
Goal-setting	The process of identifying desirable end-points of an episode of care, undertaken in partnership between practitioners, individuals and their carers, underpinned by realistic and appropriate timescales and on-going review, discussion and development
Health status	An assessment of an individual's well-being, taking account of biological, psychological, sociological and environmental factors
Holistic approach	Consideration of individuals and their responses as a whole, rather than as component parts, taking account of biological, psychological, emotional and environmental factors.
Independent learning	Learning processes that enable students to take responsibility for their own learning while having access to advice and support from tutors. They should provide students with opportunities to identify their learning needs and to study a topic in some depth, while developing their aptitude and enthusiasm for CPD.
Information management & technology [IM&T]	*
Inter-disciplinary education	Students' acquisition of underpinning knowledge and skills through shared learning with students from other disciplines.
Inter-professional education	Students' acquisition of knowledge, skills and attributes through shared learning that involves active collaboration with students across different professional study routes.
Intervention	The planned interaction of a physiotherapist with an individual and carers based on mutual agreement and co-operative decision-making that uses appropriate physiotherapy techniques and procedures, that is determined by an assessment of need, that is subject to evaluation and that is designed to bring about a change in condition

Knowledge management	An approach to information gathering, synthesis, analysis, use and dissemination in which knowledge is valued, structured, shared and applied to promote common understanding, awareness, equity of opportunity and best practice, taking account of ethical and legal considerations and making the best use of human and other resources, and with the aim of improving practice and performance
Learning difficulties	*
Learning process	The entire learning experience created in programmes by their educational philosophy and rationale, aims and learning outcomes, structure, learning and teaching methods, and assessment and evaluation procedures.
Lifelong learning	Lifelong learning is the process of constant learning and developing in which all individuals need to engage in a time of rapid change. It incorporates CPD.
Life span	The life span extends from foetus to old age, encompassing childhood, adolescence and adulthood. It requires consideration of accompanying life events and their impact on individuals' health status.
Manual therapy	The use of skilled hand movements to improve tissue extension, increase range of movement, mobilize or manipulate soft tissue and joints, or reduce pain, inflammation, swelling or restriction [APTA, 2001]
National Institute for Clinical Excellence	A government agency set up to produce and disseminate clinical guidelines based on relevant evidence of clinical and cost-effectiveness, and associated clinical audit methodologies and information on good practice
National service frameworks	Government-initiated documents that describe the clinical standards, service models and performance indicators to enhance the quality of patient care and service delivery, while ensuring greater national consistency, within particular areas of care
Neurology	<i>To be added</i>
Non-discriminatory practice	Professional practice within which individuals, teams and organisations actively seek to ensure that no one (including patients, carers, colleagues or students) is either directly or indirectly treated less favourably than others are, or would be, treated in the same or similar circumstances on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependants, sexual identity, sexual orientation or social class
Non-propositional knowledge	Knowledge derived from practice and experience (Benner 1984).
Outcome measure	A test or scale that is used to give an accurate measurement of a particular aspect of an individual's condition or health status that is expected to be affected by physiotherapy intervention

Patient partnership	An approach to health care within which the goals, expectations, needs and abilities of patients and carers form the focus of all interventions and within which decision-making, goal-setting and evaluation are undertaken in genuine collaboration, with full consideration given to issues of communication, confidentiality and informed consent
Patient record	Any information resource that contains details about individuals in any media (including paper, fax, videos, photographs and computer records)
Personal knowledge	Knowledge that is tied to individuals' experience or reality (Higgs & Titchen 1995a,b).
Portfolio	A tool that helps students to record, evaluate and reflect on their learning and that provides a resource for identifying on-going learning needs and the planning of activity to meet these
Practice-based learning	Learning that takes place in settings that reflect the broad range of environments in which physiotherapists practise, that is supported, facilitated and assessed by a clinical educator, and that provide opportunities for students to develop, extend, refine and consolidate learning gained in the university setting
Primary care	The delivery of patient care in environments outside acute hospital settings, including GP practices, domiciliary settings and private practice
Problem-solving	Exercises and processes that enable students to interrogate their existing knowledge and develop their learning to formulate a solution to a presented question or issue and that should deepen students' learning, as well as developing their conceptual and methodological skills, thereby enhancing their overall approach to professional practice.
Professional craft knowledge	The incorporation of 'knowing how' with tacit professional knowledge (Higgs & Titchen 1995a,b); also referred to as 'process knowledge' (Williams 1998).
Propositional knowledge	Knowledge derived from research and scholarship that has been ratified by the field (Higgs & Titchen 1995a, b) and that encompasses knowledge derived from theoretical learning and the formalised relationships between concepts and constructs (Benner 1984). It is often given greater status than other types of knowledge because of this 'scholarly' foundation (Schön 1983, Eraut 1995).
Professional practice areas	Specialisms in physiotherapy practice configured by conditions, systems or age groups and within which core physiotherapeutic approaches, modalities and techniques are used
Professional practice environments	The broad range of settings in which physiotherapists practise within acute and primary care and within the public, private and charitable sectors
Qualifications framework	Statements published by the QAA (one for England, Wales and Northern Ireland and one for Scotland) that set out comparative expectations, in terms of the nature and volume of students' learning, for awards conferred by higher education institutions at different academic levels.
Quality Assurance Agency	The QAA was set up in 1997 to safeguard and enhance the quality of provision and standards of awards in the UK university sector. An independent body, funded by subscriptions from higher education institutions and through contracts with higher education funding bodies, it reviews the quality of UK higher education at an institutional level, as well as academic standards and the quality of teaching and

	learning in each subject area.
Reflective practice	The process of reviewing and episode of practice to describe, analyse, evaluate and inform professional learning. In such a way, new learning modifies previous perceptions, assumptions and understanding, and the application of this learning to practice influences treatment approaches and outcomes.
Reflexivity	This, in simple terms, is the process of 'turning back on oneself'; that is, a form of self-awareness in which individuals consciously reflect on their actions and question the value of the decisions and judgements they have made, taking account of their social, political and ethical contexts. It is beyond the process of reflection.
Rehabilitation	Goal-focused physiotherapy that aims, through partnership with patients, to enable them to optimise their physical, psychological and social functional level and that includes, where appropriate, measures to help individuals compensate for some loss of function [Can. Physio. Ass'n, 1998]
Respiratory care	The use of approaches such as breathing strategies (including forced expiratory techniques and assisted cough/huff techniques) manual and mechanical techniques (including chest percussion and vibration, suctioning, chest wall manipulation and ventilatory aids) and position (including to alter breathing, maximise ventilation and pulmonary postural drainage) to improve and maintain conditions relating to the cardio-respiratory system [APTA, 2001]
Risk assessment	A formal method of assessing the potential risks for individuals, health care staff and others of a possible action or intervention that takes account of clinical and health risks, as well as organisational, legal and financial risks
Scottish Intercollegiate Guidelines Network [SIGN]	The Scottish organisation that develops and publishes evidence-based clinical practice guidelines for use by the health service in Scotland
Shared learning	Educational collaboration across professionals and disciplines to optimise learning opportunities and the use of resources.
Skill mix	The mix of skills (including that derived from a grade mix within one profession, the proportion of qualified and support staff, and the combination of staff from different professions) held by a healthcare workforce required to deliver a service.
Student-centred learning	Modes of programme delivery (e.g. discussion sessions, problem-solving workshops and assignments) that place a strong emphasis on students taking responsibility for their own learning and playing an active part in the learning process. Such an approach should help students to make connections between existing knowledge and new concepts, as well as developing their communication and problem-solving skills, powers of critical analysis and ability to formulate cogent arguments and hypotheses, and their curiosity and interest to pursue CPD.
Subject review	The process implemented by the QAA to monitor the quality of provision within higher education institutions that is underpinned by the development of discipline-specific benchmark standards and the rests on a process of institutions' self-evaluation. The QAA is due to contract with the NHS to undertake subject review for health care programmes.

Summative assessment	Assessment procedures that count towards whether students are deemed to have completed elements of a programme successfully and that may count (e.g. in the latter stages of a programme) to students' degree classification.
Therapeutic exercise	A range of approaches (including aerobic capacity and endurance conditioning, balance co-ordination and agility training, strength, power and endurance training, posture stabilization, flexibility exercises, gait and locomotion training, relaxation and neuro-motor development training) used by physiotherapists to treat a wide range of physical conditions relating to the neuromuscular, musculo-skeletal, cardio-vascular and respiratory systems [APTA, 2001].
Transfer of care	The process of transferring responsibility for care of an individual from one service to another, including secondary referrals and discharges

GlossaryCfdraft
19 November 2001

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Acknowledgements

Thanks are due to the following in contributing to the development of the new framework document:

Project steering group

- Sarah Bazin [Chair of CSP Professional Practice Committee]
- Natalie Beswetherick [Chair of CSP Council]
- Professor Norma Brook [Chair of the Physiotherapists' Board at the CPSM (September 2000 – April 2001)]
- Margaret Curr [Chair of the Physiotherapists' Board of the CPSM and chair of the Joint Validation Committee (May 2001 to conclusion of project)]
- Professor Karen Harrison [Chair of the CSP-convened Course Leaders' Conference]
- Louise Jones [Vice-chair of Joint Validation Committee]
- Grahame Pope [Chair of CSP Education Committee]
- Claire Strickland [Vice-chair of CSP Council]

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- Joanna Brayton – Validation Officer
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- Dr. Jill Higgins – Fieldwork Officer [co-author; on part-time secondment]
- Joanna James – PA to Director of Education
- Penelope Robinson – Director of Professional Affairs
- Alan Walker – Director of Education

Acknowledgements CF draft
19th November, 2001

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